Registration Application

2016-2017

Uxbridge Extended Day Programs

P.O. Box 307
No. Uxbridge, MA 01538
508-278-8653
Betty Brodeur, Director
Email: bbrodeur@uxbridge.k12.ma.us

☐ **TAFT KID'S CLUB** (GRADES K - 2)

☐ **WHITIN E.X.T.R.A.** (GRADES 3 - 5)

Submit with a $50 registration fee per family

Registration fee is not refundable

(Checks made payable to Town of Uxbridge-Daycare)

Child's Name: _____ Male___ Female___

Mailing Address: _____ Zip: _____

Birth Date: _____ Grade: _____ Teacher: _____ School:_____

Parent or Guardian #1_____Home Phone: _____

Parent/Guardian #1's Residential Address: _____E-mail:_____

Parent/Guardian #1's Mailing Address_____

#1's Work Phone#:_____ ext. #_____ Place of Employment: _____

Please tell us what kind of work you do. _____Cell phone#:_____

Parents: ☐Married ☐Separated ☐Divorced ☐Single ☐Partners ☐Restraining Order (must be attached)

Parent or Guardian #2_____Home Phone: _____

Parent/ Guardian #2's Residential Address: _____E-mail: _____

Parent/Guardian #2's Mailing Address_____

#2's Work Phone#:_____ ext. #_____ Place of Employment: _____

Please tell us what kind of work you do. _____Cell phone#:_____

Schedule

_____Before School only Taft / Whitin (open 6:30a.m.) *$10.00 per day* M___T___W___TH___F____

_____After School only Taft / Whitin (close 6:00 p.m.) *$22.00 per day* M___T___W___TH___F____ Estimated Drop off Time _____

_____Before and After School Care Taft / Whitin….. *$30.00 per day* M___T___W___TH___F____ Estimated Pick up Time _____

Cost of full day care on non-school days is $52 per day. Costs of half days are $32.00 per day (see schedule on back)

Only one change to schedule will be permitted after school begins. Any further schedule changes will incur a $25 change of schedule fee.

If school is cancelled due to inclement weather or any other reason deemed by the Superintendent, Extended Day will also be closed.

Will siblings be attending? YES_____NO_____ If yes, How many? _____

I give the Uxbridge Public Schools permission to keep my children at school for the days listed above. In the event that my schedule changes I will notify the director/manager of the program in writing. I also understand that my child is expected to abide by the program rules during his/her time in the child care program.

_____ _____

Parent or Legal Guardian Signature Date

You will be notified once your application is accepted and processed. Completed forms may be mailed to the address on the letterhead.

Application submitted without parent signature or registration fee is not valid.

. **Please complete other side…..over**

Child's Name:_____

<u>Calendar Page:</u> Extra Care – Half Days, Non School Days &Vacation Sign Up

The cost for the days checked off will be added in your contract amount.

Full Day = $52 Half Day = $32

PLEASE NOTE THE DAYS WE ARE CLOSED

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All Programs:

CLOSED SEPTEMBER 5TH (M) LABOR DAY

____**October 7th** (F): Curriculum **Half Day** - Child Care Open

CLOSED OCTOBER 10TH (M) COLUMBUS DAY,

CLOSED NOVEMBER 8TH (T) - STAFF PROFESSIONAL DEV.

CLOSED NOVEMBER 11TH (F) VETERAN'S DAY

____ **November 18th** (F) Teacher Conferences Gr. K - 5 **Half Day –** Child Care Open
____ **November 23rd (W): *<u>BREAKFAST CLUB ONLY</u>!*** **CLOSED AFTER SCHOOL**

CLOSED NOV. 24TH AND NOV. 25TH THANKSGIVING RECESS

____**December 9th** (F) Curriculum **Half Day** – Child Care Open

____ **December 23rd (F): *<u>BREAKFAST CLUB ONLY</u>!*** **CLOSED AFTER SCHOOL**

CLOSED DECEMBER 26TH - JANUARY 2ND WINTER RECESS

CLOSED (F) JANUARY 13TH - STAFF PROFESSIONAL DEV.

CLOSED (M) JANUARY 16TH MARTIN LUTHER KING DAY

CLOSED (M) FEBRUARY 20TH – 24TH WINTER BREAK

____ **March 10th** (F): – Curriculum **Half Day** –Child Care Open

____ **March 24th** (F): – Teacher Conferences Gr. K - 5 **Half Day –** Child Care Open

____ **April 14th** (F): – Good Friday **(Full Day**)

CLOSED (M) APRIL 17TH FOR PATRIOT'S DAY

____**April 18th** (T) - April Vacation-child care open

____**April 19th** (W) - April Vacation-child care open

____**April 20th** (TH) - April Vacation-child care open

____**April 21st** (F) - April Vacation-child care open

____**May 10th** (F) – Curriculum **Half Day** -child care open

CLOSED (M) MAY 29TH FOR MEMORIAL DAY

June 6th *Estimated Last Day for Kindergarten only*

There will be a separate sign up for Kindergarteners for the remaining last full days.

____**June 14th** (TH) **Half Day** – ***Est. Last Day – Gr. 1 - 5***

Child Care will remain open until school closes

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<u>The following are days the</u>
<u>Child Care Program is CLOSED</u>:

September 5th, Labor Day
October 10th, Columbus Day
November 8th, Staff Professional Dev.
November 11th, Veteran's Day
<u>NO After School Care</u> on Nov.23rd
November 24th & 25th, (Thanksgiving Recess)
<u>NO After School Care</u> on Dec .23rd
December 26th – Jan. 2nd, (Winter Recess)
January 13th, Staff Professional Dev.
January 16th, MLK Day
February 20th – 24th, Winter Break
April 17th, Patriot's Day
May 29th, Memorial Day

You are not being charged for these days.

Please check off what days you will need care. These days will be added into your contract. If you do not check the dates off, you will not be charged for those days

Look over the dates carefully (<u>especially closed dates</u>) and plan accordingly.

Anyone enrolled in the program may use the program on delayed opening days. Minimal charges will be added to your invoice. If School is closed because of a snow day or any other reason deemed by the Superintendent, child care will be closed. There will be no refund for that day, as it will be made up for at the end of the year.

Once all your forms are in, a contract amount will be calculated, based on your schedule.

You will receive a contract that states your monthly tuition.
It will be based on your yearly tuition then divided by nine monthly payments. Payments begin in September and ends in May.

No refunds are issued for absences/vacations taken when we are open or absences due to extra activities after school.

A three week notice is needed for cancellation of care.

Authorizations and File Information for Child Care

Child's Name: _____Birth Date: _____

Names and Phone Numbers of possible pick-up persons: (please include anyone who you might anticipate using as a pick-up person--we will not release child to someone not on this list without written consent--not even if you call us up and ask). These names will also be used for emergency pick ups in case you can not be reached...

Name	Telephone #	Relationship
1_____	_____	_____
2_____	_____	_____
3_____	_____	_____
4_____	_____	_____
5_____	_____	_____

Do you anticipate that your child will need to take medication during his time in child care? ☐Yes ☐No. If yes, please note that all necessary paperwork must be on file at their respective school before we can administer medication. No over the counter medication can be given by our staff. Depending on the type of medication, and the existing staff, it is not always possible to administer medication during child care hours. We recommend that medication plans be done in such a way as to limit medication administration to school hours when a nurse is in attendance. The director of child care and the school nurse will be happy to work with families in making these decisions.

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In order for your child to participate fully in the curriculum and activities of the child care program, it is necessary that you complete the section below-if you have questions regarding these releases, please feel free to call the office for clarification.

My Signature below allows Uxbridge Extended Day Programs to:

Take my child on local field trips. (Walking -well supervised.) _____
(Parent Signature)

Have photos taken for Newspaper press releases/classroom boards. _____
(Parent Signature)

Allow my child to work at a computer, which is equipped with access to the Internet. I understand that this also involves a certain level of responsibility on the part of my child. He/she will be expected to abide by the school system computer policies.

_____
(Parent Signature)

Have access to medical records on file with the school nurse. The State of Massachusetts requires that child care programs have a full medical and developmental history of children enrolled in the program.

_____
(Parent Signature)

Transport child via automobile (by Child Care Director, Site Coordinator, Principal, or School Nurse) <u>for safety reasons</u> or to get them to another school. (eg: child goes home by mistake and is home alone—we would bring them back). Also to transport by Police car or Ambulance to nearest hospital or safe dwelling in **case of Emergency or because of unusual circumstance.**

_____
(Parent Signature)

Administer basic first aid for minor accidents during child care. (CPR or First Aid certified staff).

_____
(Parent Signature)

Notes (please note any medical problems or special circumstances that the staff should be aware of):_____

_____

_____

_____