

FOXBOROUGH REGIONAL CHARTER SCHOOL
EXTENDED DAY PROGRAM

Registration Form 2006 / 2007

Extended Day Program is for students entering grades K-8.

After School Care – Close of school until 6:00 p.m.

Please complete all registration information. Extended Day staff will refer to this registration information provided by the parent/guardian regarding authorized persons to pick up/transport and emergency contacts.

This form must be completed prior to attending the Extended Day Program.

Registration Information

Student's Name: _____ Age _____ Grade _____

Address: _____

Town/State/Zip: _____

Home Telephone: _____

Parent/Guardian Name: [Mother] _____ [Father] _____

Address (if different from student): _____

Work Telephone: [M] _____ [F] _____

Cell Phone: [M] _____ [F] _____

E-Mail Address to receive monthly statements: _____

Additional Information

Allergies/special diet: _____

Chronic health conditions: _____

Special limitations or concerns: _____

Circle Day or Days Needed or "As Needed Only"

Monday / Tuesday / Wednesday / Thursday / Friday / *As Needed Only

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 is on file at the school.

I authorize staff in the Extended Day Program who are trained in the basics of first aid and CPR to give my child medical treatment when appropriate.

I understand that every effort will be made to contact me in case of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to arrange transportation to the nearest medical facility and to secure necessary medical treatment for my child.

*****Only emergency Epi-pens can be administered in the Extended Day Program. Please speak to the Extended day Staff if you have any concerns. *****

Parent/Guardian Signature

Date

EXTENDED DAY COPY

Foxborough Regional Charter School Extended Day Payment Contract

Please read carefully before signing this contract. Should you have any questions, please call the school at 508-543-2508.

I understand that:

1. Payments are due each Friday for the following week.
2. My child (ren) will not be allowed to attend if I fail to pay my balance within two weeks of the due date.
3. Any changes in attendance must be in writing and given in advance. No phone calls please.
4. I will not receive a "credit" for unattended days.
5. I must pick up my child by 6:00 p.m. If I am late, I will be charged \$10.00 for the first 15 minutes. If more than 15 minutes late, I will be charged an additional \$5.00 for each 5 minutes. This payment will be made to the staff member at pick up on the same day. After 30 minutes, staff will call the emergency contacts to arrange transportation for the child.
6. I will be charged a \$25.00 fee for all returned checks. If I have two returned checks, I will be required to pay by money order.
7. When withdrawing my child from the program, a two-week notice in writing is requested.
8. Fee Schedule: *Sibling Discount: Deduct \$1.00 per day per sibling*
9. * If you sign, your child / children for "AS NEEDED ONLY", there is a flat rate charge of \$15.00 per day / per child.

1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
1 Child ~ \$15.00	1 Child ~ \$30.00	1 Child ~ \$45.00	1 Child ~ \$50.00	1 Child ~ \$60.00
2 Children ~ \$29.00	2 Children ~ \$58.00	2 Children ~ \$87.00	2 Children ~ \$96.00	2 Children ~ \$115.00
3 Children ~ \$42.00	3 Children ~ \$84.00	3 Children ~ \$126.00	3 Children ~ \$138.00	3 Children ~ \$165.00

When writing checks, please be sure to include the date of the week or month you are paying for. This will insure that you receive proper credit for your child.

I understand and agree to the above terms of payment.

Parent/Guardian Signature: _____

Date: _____

Please return with registration information. Please keep "copy" for your records.