

**Lowell Elementary After School Program
Registration Packet
2010-2011**



A Safe and Enriching Stop Between School and Home

Thank you for your interest in our school-based after-school program. We provide this information to help you plan for the upcoming school year. We are committed to providing affordable, high quality programming for the Lowell School Community.

Bob Galante: Before & After school Childcare Director
bobg02472@yahoo.com

Lauren Raftes: Academic & Enrichments Coordinator
lraftes@watertown.k12.ma.us

Office Hours: 9:00-12:00 Mon-Fri

Program hours: 2:30-6:00

Early Release: 12:15-6:00

617-839-7396

617-926-1157

NO PROGRAMS WHEN SCHOOL IS NOT IN SESSION

Child Care Programs

Before School Care Program

The Before School Care Program begins on the first day of school, September 7, 2010. Your child may be brought to the Program no earlier than 7:15 AM. We provide

supervised quiet activities, crafts, and games, as well as homework time if needed. Children may purchase breakfast from the cafeteria. Program staff will escort children to their appropriate lines for the start of the school day. A non-refundable registration fee of \$75 is required for each child enrolled in the Program and should be included with your completed registration form.

Rates:

PreK-5 *5 days / week* \$75.00 / month
 Daily Drop-in Fee \$5.00 / day

After School Care Program

The After School Care Program provides a safe, nurturing environment for children from 2:30 PM-6:00 PM daily. We also provide care on early release and conference days from 12:15 PM-6:00 PM. We do not provide coverage on full-day professional development days. Opportunities for engagement in social and independent activities will be provided. Children will learn how to share, how to positively interact with one another, as well as how to problem solve. **A non-refundable registration fee of \$100 is required for each child enrolled in the program and should be included with your completed registration form.** There will be a Family Orientation with the Directors in September.

Rates:

Number of PreK-5 children in the Program	Number of days attending per week	Total monthly cost
One Child	<i>5 days / week</i>	\$295.00 / month
	<i>4 days / week</i>	\$236.00 / month
	<i>3 days / week</i>	\$177.00 / month
	<i>2 days / week</i>	\$118.00 / month
Sibling Discount 2 Child <i>In addition to first child</i>	<i>5 days / week</i>	\$206.00 / month
	<i>4 days / week</i>	\$165.00 / month
	<i>3 days / week</i>	\$124.00 / month
	<i>2 days / week</i>	\$82.00 / month
3 rd Child is FREE		

Drop-in fee \$25.00 / day
 (Early Release Day) \$30.00 / day

Academic Assistance: Homework Labs

We are committed to supporting the in-school learning beyond the school bell. Throughout the year, a number of academic opportunity sessions will be offered. A few in development are: homework support, reading, math, and MCAS Preparation.

Academic assistance will be offered to students for no fee when recommended by the school team. Academic assistance will be available for a reasonable fee (to other students, should the family be interested in the additional time on learning.

Recreation and Enrichment

We believe in nurturing all aspects of the child. Our offerings in this area will include activities in health and fitness, fine and performing arts and other pursuits for pleasure, social networking and self-directed learning. Each of these opportunities will be offered for a reasonable fee. Many familiar activities from Courses for Kids, Recreation Dept., etc will continue to be available.

LOWELL EXTENDED AFTER SCHOOL PROGRAM
BEFORE AND/OR EXTENDED DAY
REGISTRATION INFORMATION
2010-2011

CHILD'S NAME _____ PROGRAM _____

My child will attend: MON _____ TUES _____ WED _____ THURS _____ FRI _____

GRADE _____ AGE _____ TEACHER _____

PARENT NAME _____

CELL PHONE _____

ADDRESS _____

HOME PHONE _____

EMPLOYER _____

PHONE _____

E-MAIL ADDRESS _____

EMPLOYER _____

PHONE _____

PARENT NAME _____

CELL PHONE _____

ADDRESS _____

HOME PHONE _____

EMPLOYER _____

PHONE _____

EMAIL ADDRESS _____

INDIVIDUALS WITH PERMISSION TO PICK
UP YOUR CHILD:

NAME _____

IS THERE ANYONE NOT
ALLOWED TO PICK UP YOUR
CHILD?

Emergency contacts other than Parent/Guardian (in order to be contacted) Use back if additional space is needed

Name _____ Relationship to Child _____

Phone _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of serious injury or illness involving my child while attending the Before School or Extended Day Program, and I, or others listed as the emergency contacts cannot be reached, I authorize the staff to take the above named child to the nearest hospital for treatment. I do hereby grant permission for said medical staff to administer appropriate treatment to ensure the health and well-being of my child.

Child's Physician's Name _____

Address _____

Phone _____

Child's Allergies/Medical Concerns:

Medications:

Does your child receive support services during the school day, if so, please specify:

Date of last DT immunization:

Additional Information you want us to know about your child:

Health Insurance Company _____

Policy # _____

Parent/Guardian Signature _____

Date _____