

HALEYVILLE - MAURICETOWN SCHOOL EXTENDED DAY ENRICHMENT PROGRAM

Begins September 6, 2017

Morning 7:00 AM - 8:45 AM

Afternoon 3:45 PM - 6:00 PM

Regular Rates

Before School

5 days/week \$55.00/month

4 days/week \$45.00/month

3 days/week \$35.00/month

2 days/week \$25.00/month

1 day/week \$20.00/month

After School

5 days/week \$115.00/month

4 days/week \$95.00/month

3 days/week \$75.00/month

2 days/week \$55.00/month

1 day/week \$35.00/month

Update: We will no longer be accepting payment on a weekly basis; the minimum fee per month will be \$20.

The program includes:

- Tutoring and homework assistance in all subject areas by certified teaching staff and assistants.
- Arts and Crafts
- Computers
- Outdoor Activities
- Academic Enrichment Activities

Discounts: There is a 25% reduction for each additional child enrolled on a monthly basis. Children enrolled in the free or reduced lunch program will qualify for the scholarship rate, which is up to 50% of the regular price (as listed above).

The program will be free to those families that qualify through Quality Care. In order to qualify through Quality Care:

1. Obtain the application from your employer and give to the school to be completed
2. The application will be mailed by the school, along with the completed registration form required.
3. A contract will be sent to sign for each child in the program.

Times/Daily operations:

Extended Day will not be offered in the PM on early dismissal days.

Extended Day closes on all holidays and for emergency school closings.

FOR DELAYED OPENINGS - THERE WILL BE NO MORNING SESSION.

Regulations: Upon arrival, children must be walked into the multi-purpose room and signed in by a parent or guardian. Children must be picked up by 6:00 PM. Please provide proper identification when picking up your child; no child will be dismissed to an adult not on the emergency contact form or whom fails to produce proper identification. A \$10.00 late fee per child will occur if your child is not picked up by 6:00 PM. **NO EXCEPTIONS! Abuse of this policy will result in the child's dismissal from the program.**

Payments: may be in the form of cash, check (non-sufficient fund fees will be applied directly to your account), or money order. **PayPal** will also be utilized this upcoming school year, which will enable you to pay online via a credit or debit card.

Registration form must be completed before the child attends the program. Payments are due ten days *prior* to the start of each month of service. Students not registered and paid in full ten days prior to the start of each month **will be excluded from the program until all obligations have been fulfilled.** The payment requirement will remain consistent even after initial registration and throughout the entire school year. Questions or concerns regarding payment can be answered by accessing your monthly statement through PayPal.

For more information, contact the Extended Day Coordinator:
Kelsey Bracco @ 785-2333 EXT. 2121

HALEYVILLE-MAURICETOWN
EXTENDED DAY INFORMATION AND REGISTRATION
SCHOOL YEAR 2017-2018

Please fill out completely to register:

CHILD'S NAME _____ DATE _____

TEACHER _____ GRADE _____

HOME PHONE _____

ADDRESS _____

PARENT/GUARDIAN:

MOTHER'S NAME _____ FATHER'S NAME _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

NAME OF DOCTOR: _____ PHONE _____

KNOWN ALLERGIES: _____

**EMERGENCY CONTACTS: PLEASE LIST THE NAMES AND PHONE NUMBERS OF
ADULTS AUTHORIZED TO PICK UP YOUR CHILD: (PROPER IDENTIFICATION
REQUIRED)**

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

ADDITIONAL CHILDREN'S INFORMATION AND REGISTRATION

CHILD'S FULL NAME _____

CHILD'S TEACHER _____ **GRADE** _____

KNOWN ALLERGIES _____

CHILD'S FULL NAME _____

CHILD'S TEACHER _____ **GRADE** _____

KNOWN ALLERGIES _____

CHILD'S FULL NAME _____
CHILD'S TEACHER _____ **GRADE** _____
KNOWN ALLERGIES _____

EXTENDED DAY SCHEDULE YOUR CHILD(REN) WILL BE ATTENDING:

BEFORE CARE (please check days your child will be attending)

_____ **PER WEEK** **MON** **TUE** **WED** **THUR** **FRI** **MONTHLY TUITION** _____

AFTER CARE (please check days your child will be attending)

_____ **PER WEEK** **MON** **TUE** **WED** **THUR** **FRI** **MONTHLY TUITION** _____

BEGIN DATE: _____

APPROVED BY: _____ **Mr. Dooley – Superintendent/Principal**

COPIES TO: **Classroom Teacher**
 Extended Day Personnel
 Office