

## **Dear Potential Angier After School Parents:**

Welcome to new and returning families!

It's that time of year again, where your children can be part of the AASP experience of learning, playing, exploring, performing, and yes, even homework. AASP is a place where Angier students of all ages come together to learn from each other and from a dedicated professional staff. If you want to know if your child would like AASP, ask any Angier student who is already part of the Program!

New **and returning** families, please read and fill out this **ENTIRE** application. There are always a few changes, especially with the kindergarten situation and regulation updates from the Massachusetts Department of Early Education and Care.

Attached are the application forms for AASP for the 2017-2018 school year. We try to accommodate as many families as possible, so please try to be certain of the times and days you request. **If you are accepted to days that you have applied for, you are contracted for those days, and the tuition, for the entire school year unless we fill your dropped day(s) with someone from the Wait List.**

### **AASP Applications Guidelines**

- APPLICATIONS MUST BE POSTMARKED BY FRIDAY APRIL 7, 2017 TO BE PART OF THE PRIORITY GUIDELINES.
- HAND-DELIVERED APPLICATIONS WILL NOT BE ACCEPTED.

### **LATE APPLICANTS**

Late applicants will be placed on a waiting list if their desired days and times are unavailable. If the applicant or family has extenuating needs, the Director and two Board members, including one Enrollment Committee member, will meet to determine the possibility of acceptance.

### **OUTSTANDING OBLIGATIONS TO THE PROGRAM**

No applications from returning families will be processed until tuition for the 2016-2017 year has been paid in full. If you have any questions, please see the Director.

## **PAYMENT**

- Payment is due on the 1<sup>st</sup> of the month for that calendar month. The Program also accepts payments in full or half year for your convenience.
- Your monthly AASP payment will be included in your acceptance email. It will be the same amount every month throughout the school year (unless your days/time periods are changed with the consent of the Director). You will receive an email reminder each month that payment is due, but it is the family's responsibility to pay the correct amount on time.
- Monthly payments can be made:
  - by hand delivering a check to either Peter or Brad
  - by mailing a check to PO Box 92, Waban, MA 02468
  - electronically through *PayPal*<sup>™</sup>
- GRACE PERIOD/PENALTY: Payments not received before the 14<sup>th</sup> of the current month are subject to a \$25 Late Fee. This fee must be paid before the next monthly fee is due.

## **PRIORITY GUIDELINES**

The following is the priority scheme approved by the AASP Parent Board:

### **GRADER (G) TIME**

(Mon, Wed, Thu, and Fri 3:00- 6:00 and Tue 12:30-6:00)

1. Returning families requesting the same days of grader time as 2016-2017.
2. Returning families wanting to expand to 5 days.
3. Returning families wanting to expand to 4 days.
4. Returning families wanting to expand to 3 days.
5. Returning families wanting to expand to 2 days.
6. Returning families wanting to change the same number of days as 2016-2017.
7. Children who had Kindergarten time in 2016-2017 and are requesting 3 or more days of grader time in 2017-2018.
8. New applicants requesting 5 days of grader time.
9. New applicants requesting 4 days of grader time.
10. New applicants requesting 3 days of grader time.
11. Children who had Kindergarten time in 2016-2017 and are requesting 2 days of grader time in 2017-2018.
12. New applicants requesting 2 days of grader time.

### **KINDERGARTEN (K) TIME**

(Mon and Wed or Thu and Fri 12:30- 3:00)

1. Children requesting both days.
2. Children requesting 1 day.

## KINDERGARTEN DEPOSIT WORK SHEET

The city of Newton requires that kindergarteners will remain in their classrooms two extended days and two shorter days per week (Tuesdays all grades are dismissed at 12:30). Group "A" kindergarteners' classroom days will run from 8:20 until 3:00 on Mondays and Wednesdays and 8:20 until 12:30 on Thursdays and Fridays. Group "B" will be the reverse: Mondays and Wednesdays from 8:20 until 12:30 and Thursdays and Fridays from 8:20 until 3:00. Again, both groups are dismissed at 12:30 on Tuesdays.

As the "A" or "B" assignments have not been made yet, selecting after school time becomes complicated. Many options are available. Please give us the most accurate picture of your needs that you can at this time. **Check off all appropriate boxes below.**

#1 **"K" time.** If you want your child to stay until 3:00 on one or both of the days s/he is dismissed at 12:30 (not a possibility on Tuesday since all grades are released at 12:30), the cost is \$81 per day per month.

I would like to enroll my child in one 12:30 - 3:00 day per week. \$81/month

I would like to enroll my child in both 12:30 - 3:00 days per week. \$162/month

*NOTE: The 3:00 release kindergarten days (A/B Groups) do not begin until October. Please let us know if you would like to enroll your child in AASP for the two kindergarten days for which (s)he is not already enrolled and will not be in the classroom during September. A one time charge of \$162 will be billed to you in October.*

**Yes,** I would like to enroll my child for the extra September kindergarten time.

**No,** I would not like to enroll my child for the extra September kindergarten time.

**Total from #1** \$\_\_\_\_\_

#2 If you want your child to stay during "**grader" time:** Tuesdays from 12:30 - 6:00, all other days from 3:00 until 6:00. Please note that this coverage begins after either the 3:00 classroom day ends or after K time as described in #1.

I would like to enroll my child for Monday from 3:00 to 6:00. \$92/month

I would like to enroll my child for Wednesday from 3:00 to 6:00. \$92/month

I would like to enroll my child for Thursday from 3:00 to 6:00. \$102/month

I would like to enroll my child for Friday from 3:00 to 6:00. \$92/month

**or**

I'm not sure of specific days until the "A" and "B" groups are announced, but will be interested in \_\_\_\_\_ days of grader time per week. \_\_\_\_\_ x \$92 = \_\_\_\_\_ (Please add \$10 if one of the days you selected is Thursday.)  
(1 - 4) (# days)

**Total from #2** \$\_\_\_\_\_

#3 If you want your child to stay during "grader" time on Tuesdays from 12:30 - 6:00, the cost is \$165 per month.

I would like to enroll my child for Tuesday from 12:30 to 6:00.

**Total from #3** \$\_\_\_\_\_

**Grand total of #1, #2, and #3 above:** \$\_\_\_\_\_

plus Registration Fee + \$ \$30.00

**Total Enclosed Deposit** \$\_\_\_\_\_

Please mail check along with the Information Sheet and Enrollment Agreement to:

**AASP  
P.O. Box 92  
Waban, MA 02468**

## “GRADER” DEPOSIT WORKSHEET

Use this sheet to calculate your deposit/monthly charge for the upcoming year.

The deposit is based on the 37 week school year. Please note that you are not being charged for school vacations.

**The monthly cost for Mon, Wed, and Fri is \$92 each. Tuesdays are \$165/month and Thursdays are \$102/month (to cover additional teacher fees on the early release Thursdays).** Thus, if you want your child to attend every day, your total deposit will be \$543.00 + \$30 registration fee for a total of \$573.00.

Your total for the days you want        \$\_\_\_\_\_

*plus* Registration Fee                    + \$ 30.00 (\$30/child, maximum charge of \$60/family)

Total Enclosed Deposit                \$\_\_\_\_\_

Please mail check along with the Information Sheet and Enrollment Agreement to:

**AASP  
P.O. Box 92  
Waban, MA 02468**

**Angier After School Program, Inc.  
Enrollment Agreement  
September 2017 - June 2018**

1. I/We \_\_\_\_\_  
Parent(s)/Guardian(s)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

wish to enroll my son or daughter (circle one) named \_\_\_\_\_,  
in the Angier After School Program for the following time slots:

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_  
(use the code below to indicate time slots for each day)

<b>Code:</b>	<b>K</b> = 12:30 until 3:00; M. and W. <i>or</i> Th. and F. <b>K+G</b> = 12:30 or 3:00 until 6:00; M. through F. <b>G</b> = 3:00 until 6:00; M., W., Th., F. 12:30 until 6:00; Tu	<b>Kindergarten parents:</b> please be sure to complete the Deposit Worksheet on page 3.
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(S)he will be in \_\_\_\_\_ grade in September, 2017.

1. The Angier After School Program, Inc. (the "Program") hereby agrees to such enrollment subject to such changes in the schedule or program as it may make during the school year and subject to compliance with the terms and conditions set forth below.

2. The parent agrees as follows:

- A. The above requested time slots cannot be changed without the consent of the Board of Directors. (See parent applicant letter and paragraph 5 below).
- B. To pay in advance the fees and deposits according to the amounts and time schedule set forth in this agreement.
- C. To pay in full the fees without deduction for absence, early departure, early release days, snow days (for school and after school), personal holidays, unexpected school closings, or failure to make full use of the Program.
- D. To complete a Student Information Sheet on each child and promptly notify the Program of any new physical conditions, emotional problems, or changes in address or phone numbers.
- E. To complete, in their entirety, all Massachusetts Department of Early Education & Care health care forms as noted in the "Child's Health Information" section of the application located on page 8 (if applicable).
- F. The child shall be enrolled for a term of one academic year commencing on the first day of school in September 2017 and ending on the last day of school in June 2018.
- G. The parent acknowledges being informed that the Program is a non-profit organization which relies exclusively on tuition charges for its funding. As a consequence, the parent and Program agree as follows:

3. If AASP cannot accommodate your entire request for enrollment for your child(ren), you have 14 days from the date of your acceptance notification to withdraw the child(ren) from the Program or change the time slot(s) reserved for the child(ren).

4. If AASP can accommodate your entire enrollment request for the child(ren), the obligation of the parent to pay tuition shall become fixed and shall continue until the end of the school year, regardless of whether the child participates in the Program, unless the Program is able to fill the child's slot from any waiting list or otherwise.

5. In the event of extraordinary circumstances preventing the participation of a child, the Board of Directors of the Program may, in its sole discretion, waive or modify the requirements of the preceding sub-paragraph.

6. Your monthly bill is expected to be paid on or before the first day of each month, except June.

7. If payment is not received by the 14<sup>th</sup> of the month of your due date, you will be assessed a \$25.00 per month penalty for the period. If payment is not received until 90 days after the billing date, in addition to the aforesaid monthly penalty, your priority status for admission to next year's program will be lowered at the discretion of the Board. We will send you an email if a payment has not been received within the 60 day period. We will call you if your payment has not been received within the 90 day period.

8. The Board reserves the right to require families with a history of late tuition payments to pre-pay tuition in advance.

9. Although fees are set with the intention of covering all anticipated expenses for the coming year, the Board reserves the right to assess additional fees if needed to cover unforeseen circumstances.

10. For each child enrolled in the Program, an advance deposit and a non-refundable application fee is required as follows. Deposit: 1/10 of the annual bill (see attached Deposit Work Sheet) to be applied to the last payment of the academic year, June tuition 2018. The application fee is \$30.00 per child with a maximum of \$60 per family, which will be non-refundable with the following exception: in the event a family has submitted an application fee for more than one child and no child has been accepted into the Program, the Program will retain only one fee for that family; the remainder will be refunded.

11. The Program acknowledges its responsibility for the care of the child while participating in the Program during the child's scheduled hours, and will provide qualified staff and services necessary to ensure adequate programming, activities and supervision for the child, but is released and held harmless from any and all liability arising out of or in connection with the child's participation in the Program. The City of Newton, City of Newton School Department and the City of Newton School Committee have no such responsibility and are each and all released and held harmless from any and all liability arising out of the child's participation in the Program.

12. The Program will assess a late fee for failure to adhere to the closing time in the amount of **\$10.00 for each 10 minute period** or fraction thereof that your child(ren) remain(s) under the supervision of the Program after 6:00 PM. The same applies for kindergarten children remaining after 3:00 p.m. The Board reserves the option to suspend a child from the Program in the event a family has been assessed a late pick-up fee more than 3 times during the academic year. This fee is payable upon the arrival of the parent/guardian, directly to the attending staff person on that particular day, rather than being added to the monthly tuition.

13. Parent(s) will provide the Program with current active email addresses for all AASP communications. These email addresses are understood as those that will constitute primary and valid communication with the Program.

14. It is required that parents notify AASP via School Pass or by email (aasprog@gmail.com) if their child will not be attending AASP on a day (s)he is in school. AASP does not require additional notification if your child is absent from school. AASP may, at its discretion, charge families \$10.00 per day if it is not so notified on such a day.

15. The Program reserves the right to terminate its program, or any portion thereof at any time, in which case future tuition obligations will be canceled or adjusted accordingly.

16. Failure to meet any financial obligation set forth above, including, but not limited to, tuition, late fees, interest, and assessments, may result in suspension from the Program. Suspension for breach of any of the within agreements by the parent shall not release the parent from the obligation to make subsequent payments called for under the provisions of the agreement.

17. A current copy of the complete Parent Handbook is available online at:  
[http://www.angierafterschool.com/docs/aasp\\_parent\\_handbook\\_16-17.pdf](http://www.angierafterschool.com/docs/aasp_parent_handbook_16-17.pdf).

#### PHOTO/INFORMATION RELEASE

Please check this box to affirm that AASP has your permission to use photographs of your child at AASP in print or for web communications designed for the Program.

Check here if you **do not** want your home phone number given to other AASP families.

I/We agree to the above:

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM DD YYYY  
For school year 2017-2018

# Student Information Form

## Angier After School Program

Please complete this sheet entirely for each child, even if you did so last year or if siblings are in the Program. This is important in emergency situations.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

### CHILD

Name \_\_\_\_\_  
Last First Initial Nickname

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade (as of Sept. 2017) \_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_  
Street City Zip

### PARENT/GUARDIAN 1

Name \_\_\_\_\_  
Last First Initial Occupation

Business Address \_\_\_\_\_  
Street City Zip Work Hours

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell Phone Home Phone Business Phone

\_\_\_\_\_  
Email (primary) - where monthly invoices will be sent Email (secondary)

### PARENT/GUARDIAN 2

Name \_\_\_\_\_  
Last First Initial Occupation

Business Address \_\_\_\_\_  
Street City Zip Work Hours

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell Phone Home Phone Business Phone

\_\_\_\_\_  
Email (primary) Email (secondary)

To help us reach you more quickly, please indicate which parent should be contacted by phone first: \_\_\_\_\_

\* \* \* \* \*

Family Physician/Pediatrician \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

## Additional Student Information

Child's Name \_\_\_\_\_  
Last First

Identifying Information (required by the Massachusetts Department of Early Education & Care) and/or current picture:

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin Color \_\_\_\_\_

Identifying Marks \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_

\_\_\_\_\_  
Name of School Child is Attending in Sept. 2017

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Are physical exams and immunization records on file at Angier school? Yes  No

\* \* \* \* \*

### Tell us more about your child.

Please list any additional information you would like us to have (siblings, friends, family history, language skills, hobbies, favorite activities, etc...):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

**Emergency Numbers** such as neighbors or relatives who can be called if you cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First



## Child's Health Information

Please list all pertinent, health related information about your child that you feel we should be aware of (i.e. allergies, dietary restrictions, chronic health conditions, medications, etc...). **IF NOT APPLICABLE, PLEASE INDICATE BY WRITING "NONE"**. As a requirement of the Massachusetts Department of Early Education & Care, if your child has been prescribed any medications that (s)he might possibly need administered while at AASP, the following 2 forms must be downloaded, completed, signed by the child's health care practitioner, and submitted to us, along with their medication, no later than the start of the 2017-2018 school year.

[http://www.angierafterschool.com/docs/individual\\_health\\_care\\_plan\\_form.pdf](http://www.angierafterschool.com/docs/individual_health_care_plan_form.pdf)  
[http://www.angierafterschool.com/docs/medication\\_consent\\_form.pdf](http://www.angierafterschool.com/docs/medication_consent_form.pdf)

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## Medication Authorization and Consent

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/we cannot be reached, I hereby authorize Angier After School Program to transport my child to the Newton Wellesley Hospital (by ambulance if the situation warrants) and to secure for my child the necessary medical treatment. I understand the teachers at AASP are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

I further authorize the AASP staff to review my child's medical records with the school nurse or to provide the Program with a completed health certificate on forms provided by the City of Newton and signed by a licensed physician.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

For school year 2017-2018

## Individual Education Plan

Providing Individual Education Plan (IEP) information is optional and not required to enroll your child in AASP. We request that you voluntarily share this information with us for the sole purpose of getting to know your child(ren) and their needs in order to build stronger relationships and foster positive interactions.

Is your child currently on an IEP? YES  NO

If YES, please describe the nature of your child's requirements and challenges:

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If an IEP is applicable, please be sure to include a copy with this application.

Has your child previously needed a one-on-one aide or additional adult support in any educational setting? YES  NO

In your opinion, would your child require a one-on-one aide or additional support at AASP? YES  NO

Is there any additional information about your child's development that you feel the AASP staff should be aware of? Please explain:

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## Walking Field Trip Permission

I hereby give consent for my child to participate in any Angier After School field trips taken within the immediate school neighborhood on foot. These shall include, but not be limited to the Waban library, the Waban Market, the Waban Post Office, Lincoln Field, and the Windsor Club. I understand that the ratio of children to teachers on these trips will always be 10:1 or better with a minimum of two teachers. I further understand that any trips requiring the use of public transportation, private cars or hired bus will involve a signed field trip permission slip for that specific outing.

Please note: If you will be picking your child up early, please let the staff know so that your child will not be on a walking trip. A note or a call ahead of time will ensure that your child will be ready to go back at our "home base" at Angier.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

For school year 2017-2018

## Transportation Plan

AASP assumes responsibility for each child at his/her checking in with a staff person upon arrival.

My child will arrive at AASP on foot from his/her classroom at Angier. YES  NO

If NO, indicate how child will arrive \_\_\_\_\_

My child will depart from AASP by parent/authorized pick up people. YES  NO

If NO, indicate how child will depart \_\_\_\_\_

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## Alternate Pick-up Release Authorization

In addition to parents/guardians listed on the Student Information Form, I hereby give my permission to AASP to also release my child to the following persons (if no one is authorized, please indicate below by writing "NO ONE"):

Name \_\_\_\_\_  
Last First Relationship

Address \_\_\_\_\_  
Street City Zip Phone - -

Name \_\_\_\_\_  
Last First Relationship

Address \_\_\_\_\_  
Street City Zip Phone - -

Name \_\_\_\_\_  
Last First Relationship

Address \_\_\_\_\_  
Street City Zip Phone - -

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Child's Name \_\_\_\_\_  
Last First

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY  
For school year 2017-2018

**We look forward to seeing friends, old and new, in September.**

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## Emergency Card Information 2017-2018

Child's Name \_\_\_\_\_  
Last First Initial      DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Child's Home Address \_\_\_\_\_  
Street City Zip Phone - -

### INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. Name \_\_\_\_\_  
Last First Phone - -

Address \_\_\_\_\_  
Street City Zip

2. Name \_\_\_\_\_  
Last First Phone - -

Address \_\_\_\_\_  
Street City Zip

### PEDIATRICIAN OR SOURCE OF HEALTH CARE

Doctor's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip Phone - -

### LOCAL EMERGENCY CONTACT PERSON(S)

1. Name \_\_\_\_\_  
Last First Phone - -

Address \_\_\_\_\_  
Street City Zip

2. Name \_\_\_\_\_  
Last First Phone - -

Address \_\_\_\_\_  
Street City Zip

### MEDICAL EMERGENCY TREATMENT

I hereby give Angier After School Program permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_,  
(Name)  
and/or take my child, \_\_\_\_\_, to a hospital for medical treatment when I cannot be reached or when  
(Name)  
delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### INSURANCE INFORMATION (OPTIONAL)

\_\_\_\_\_  
Company Name      Policy #      Participating Hospital

\_\_\_\_\_  
Special Instructions