

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 Mass. Department of Early Education and Care.

Attached are the application forms for AASP for the 2013-2014 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 APRIL 26, 2013 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 2012-2013 year has been paid in full. If you have a question, please see the Director.

PAYMENT

- Payment is due on the 1st of the month for that calendar month. The Program 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.
- Payment should be delivered by check to AASP and placed in the designated envelope displayed in the AASP Main Room or mailed to **PO Box 92, Waban 02468**. Your cancelled check serves as your receipt.
- GRACE PERIOD/PENALTY: Payments not received before the 14th 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:

PRIORITIES for GRADER (G) TIME

1. Returning families requesting the same days of grader time as 2012-2013.
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 wishing to change the same number of days as 2012-2013.
7. Children who had Kindergarten time in 2012-2013 and are requesting 3 or more days of grader time in 2013-2014.
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 2012-2013 and are requesting 2 days of grader time in 2013-2014.
12. New applicants requesting 2 days of grader time.

PRIORITIES for KINDERGARTEN (K) TIME

(Mon. and Wed. or Thurs. 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 \$76 per day per month.

☐ I'm interested in one 12:30 - 3:00 day per week. Cost: \$76/month

☐ I'm interested in both 12:30 - 3:00 days per week. Cost: \$152/month

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 described in #1.

☐ I'm interested in Monday from 3:00 to 6:00. \$87/month

☐ I'm interested in Wednesday from 3:00 to 6:00. \$87/month

☐ I'm interested in Thursday from 3:00 to 6:00. \$97/month

☐ I'm interested in Friday from 3:00 to 6:00. \$87/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 \$87 = ↓ (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 \$156 per month.

☐ I'm interested in Tuesday from 12:30 to 6:00.

Total from #3 \$_____

☐ *NOTE: The 3:00 release kindergarten days do not start until October; check here if you want your child enrolled in AASP for the two kindergarten days for which s/he will not be in the classroom during September. A one time charge of \$152 will be billed to you in October.*

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

plus Registration Fee + \$ \$25.00

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 \$87 each. Tuesdays are \$156/month and Thursdays are \$97/month (to cover additional teacher fees on the 6 early release Thursdays). Thus, if you want your child to attend every day, your total deposit will be \$514.00 + \$25 registration fee for a total of \$539.00.

Your total for the days you want \$_____

plus Registration Fee + \$ 25.00 (\$25/child, maximum charge of \$50/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 2013 - June 2014**

1. I/We _____ (Parent[s] or Guardian)

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)

Code:	K = 12:30 until 3:00 M. and W. <u>or</u> Th. and F. K+G = 12:30 or 3:00 until 6:00 M. through F. G = 3:00 until 6:00 M., W., Th., F. 12:30 until 6:00 Tu	Kindergarten parents: please be sure to complete the Deposit Worksheet on page 3.
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(S)he will be in _____ grade in September, 2013.

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 letters 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. The child shall be enrolled for a term of one academic year commencing on the first day of school in September 2013 and ending on the last day of school in June 2014.

F. 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 mail date of your acceptance letter 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 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 14th of the month of your due date, you will be assessed a \$25.00 a month 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 a letter 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. There is an annual snack cost calculated at \$16/day. For example: if you have one child in the program two days a week, your annual snack cost is \$32.

11. 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 2014. The application fee is \$25.00 per child, 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.

12. 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.

13. 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.

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

15. Please note that AASP requires that parents notify AASP either in writing, by phone (617-965-4416), or by email (aasprog@gmail.com) if their child will not be attending AASP on a day s/he is in school. (If your child is absent from Angier, there is no need to notify AASP.) Notes can be dropped off in our mail box outside the Angier office. AASP may, within its discretion, charge families \$10.00 per day if AASP is not so notified on such a day. AASP has in the past spent many hours contacting parents about this, which has unfortunately detracted from AASP's program.

16. 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.

17. 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.

18. A current copy of the complete Parent Handbook is available online at:
http://www.angierafterschool.com/docs/aasp_parent_handbook.pdf

PHOTO RELEASE

☐

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

I/We agree to the above:

Parent/Guardian Signature

Date ____/____/_____
MM DD YYYY
For school year 2013-2014

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's Name _____
Last First Initial Nickname

Date of Birth ____/____/____ Age ____ Grade (as of Sept. 2013) ____
MM DD YYYY

Address _____
Street City Zip Home Phone

1st Parent's Name _____
Last First Initial Occupation

Business Address _____
Street City Zip Work Hours

Business Phone _____ Cell Phone _____

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

2nd Parent's Name _____
Last First Initial Occupation

Business Address _____
Street City Zip Work Hours

Business Phone _____ Cell Phone _____

Email (primary) _____ Email (secondary) _____

To help us reach you more quickly, please indicate which parent should be contacted first: _____

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

* * * * *

Family Physician/Pediatrician _____
Last First

Address _____
Street City Zip Phone

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

Name _____
Last First Phone

Name _____
Last First Phone

Name _____
Last First Phone

* * * * *

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 NONE, PLEASE INDICATE BY WRITING "NONE"**. If your child has been prescribed any medication that (s)he would possibly need administered while at AASP please download and complete the following two forms and submit them, along with the related medication, at the start of the school year. http://www.angierafterschool.com/docs/individual_health_care_plan_form.pdf
http://www.angierafterschool.com/docs/medication_consent_form.pdf

* * * * *

Additional Student Information

Child's Name _____
Last First

Identifying Information (required by the Mass. Dept. of Early Education and 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. 2013

Street _____ City _____ Zip _____

Are physical exams and immunization records on file at Angier school? Yes____ No____

Walking Field Trip Permission

I hereby give consent for my child to participate in any Angier After School field trips taken within the immediate Angier neighborhood on foot. These shall include, but not be limited to the Waban library, the Waban Market, the Waban Post Office, Lincoln Field, the nature trail/ duck pond along the river on Quinobequin Road, the aqueduct trail, the Church of the Good Shepherd, the Brae Burn Country Club, Waban Health and Rehabilitation Center, and the Windsor Club. I understand that the ratio of children to teachers on these trips will always be 8:1 or better. 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 2013-2014

* * * * *

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.):

* * * * *

Authorization and Consent Form

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 2013-2014

Transportation Plan

Note: 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 _____

* * * * *

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 2013-2014

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

Emergency Card Information 2013-2014

Child's Name _____ DOB _____ / _____ / _____
Last First Initial 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

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 _____