

**Freetown-Lakeville
Extended Programs**
Fore and Aft Program
112 Howland Rd.
Lakeville, Ma 02347

Dear Parents,

Thank you for your interest in the Fore and Aft Program. While we are awaiting opening day arrangements from the District we need to secure your enrollment in the Extended Day Program. This year will be different for all of us but we want to insure you that we are taking every precaution to insure the safety of our students and staff. We are following the guidelines set by the State, District, CDC, and local Boards of Health. There will be a major change for this year only. All schools in the District will have their own Extended Day site. This will alleviate the need for bussing. Please read these forms carefully before proceeding.

I know decisions are yet to be made and things may change but if you need child care you must enroll now. This packet will secure your 2020/2021 school year child care arrangements.

Enclosed is a packet of information and forms that need your attention. There will be a handbook available which should serve to answer any questions that you may have with regards to all aspects of the both the Fore and Aft Program. A school calendar will be available on the first day of the Program that you may find handy in planning your personal activities.

We will have further details as we get closer to school. The Program will begin on the first day of school set by the District. Please make sure your email is clearly indicated as this will be the primary source for communication. I will be sending you details as we get closer to finalizing our plans.

Your child will not be enrolled until all necessary forms and the registration fee are completed and returned to:

**Fore and Aft Program
112 Howland Rd.
Lakeville, MA 02347**

If Program needs have changed since the registration process it is important that you contact my office to verify the changes. Also, if you no longer need the Program please verify this as well. You may be taking the spot of someone on the waiting list. All enrollment forms and tuition payment must be received no later than **Friday, August 21, 2020 in order for your child to start in September.** Everyone must complete the forms even if you have been in the program before. Your child will not be enrolled in the Program and may forfeit their spot until all forms and payments are returned.

Registration forms are accepted on a first come first serve basis. There is a two day minimum and priority will be given to full time students first. You will only be notified if your child is **NOT** accepted into the program. Please inform your child's school with your Program schedule to insure they are properly placed on the bus.

If you have any questions please call my office at 508-923-2000 ext. 1730 or email at lpacheco@freelake.org I am eager to welcome you to the Program. I look forward to meeting you and your children. I hope you enjoy your summer.

Thank You,

Lisa A. Pacheco
Extended Programs Director

GENERAL INFORMATION:

Name of Parent(s)/Guardian(s): _____

Home Address: _____ Town: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Signature of parent/guardian: _____ Date: _____

CHILD'S NAME: _____

GRADE: _____ **SCHOOL** _____

CONFIDENTIAL CODE: _____

This is a confidential word or number that will only be shared by you and your child. This code will be used in an extreme emergency situation whereas someone other than those listed on the Release Form will pick your child up from the Fore and Aft Program. The person will also need to know this confidential code in order for your child's release from the Program.

RELEASE FORM:

In an emergency situation the following people will have permission to pick up or drop off the children. Children will only be permitted to leave when prior notification has been made with the Program Director. Under no circumstance will a child be permitted to leave the Program with anyone but the parent or guardian without prior notification. All persons will be mandated to show a valid driver's license for verification.

NAME _____ Relationship _____

NAME _____ Relationship _____

Emergency Contact:

In an emergency situation the following people will be contacted when parents cannot be located.

1. _____
Name Address Phone#

2. _____
Name Address Phone#

Child's Name

Grade

School

DISMISSAL INFORMATION:

All children will be sent "HOME" on their respected buses when school is dismissed due to inclement weather or when a child chooses not to participate in the half-day field trips, unless otherwise instructed with a written note to the individual schools. In order to securely track all children enrolled in the Freetown-Lakeville Extended Programs Fore and Aft Program please indicate the following:

My child(ren) _____ will be going HOME on bus number _____.

TUITION AGREEMENT:

Your tuition is _____ per month. Your first payment is due on the first day your child attends the Program for that month. There will be a \$20.00 late fee assessed to your tuition if you fail to pay by the date indicated. **TUITION REMAINS THE SAME EACH MONTH. * Tuition will be made available as we have more information.**

(PLEASE REFER TO HANDBOOK)

I HAVE READ AND UNDERSTAND THE RULES REGARDING PAYMENT OF TUITION AS DESCRIBED IN THE PROGRAM HANDBOOK. I AGREE TO ABIDE BY THE PAYMENT SCHEDULE AND THE POLICIES FOR LATE PAYMENT AS WELL AS NON-PAYMENT WHICH INCLUDES EXCLUSION FROM THE PROGRAM.

Parent/Legal

GuardianSignature _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Freetown-Lakeville Extended Program and/or PreK-Plus Program to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Freetown-Lakeville Community Recreation Program Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Freetown-Lakeville Community Recreation Fore and Aft Program or K-Plus setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Freetown-Lakeville Fore and Aft Program and/or PreK-Plus in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Freetown-Lakeville Fore and Aft/PreK-Plus Program for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____

Date _____

HEALTH INFORMATION

Insurance Information

Is the participant covered by family medical/hospital insurance? ___yes ___no

If yes, indicate carrier or plan

Name _____

Group # _____

Carrier Address _____

City/Town _____ Zip _____

Name of Insured _____

Relationship to Participant _____

Parent/Legal Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all Program activities, except as noted.

Authorization for Emergency Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. I also do herewith authorize the Fore and Aft, K-Plus/ Kids Café Summer Camp/Vacation Club Staff to administer routine first aid treatment.

Name of
Minor: _____ Relationship _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Legal Guardian
Signature _____

Date _____ Print
Name _____

ALLERGIES – List all known

Medication Allergies (List) Describe Reaction and Management of the Reaction

Food Allergies (List)

Other Allergies (List) -include insect stings, hay fever, asthma, animal dander, etc.

Restrictions (The following restrictions apply to this individual)

Does not eat: ___ Peanuts ___ Pork ___ Poultry ___ Seafood ___ Eggs ___

Other (describe) _____

My child is up-to-date on his/her immunizations and tetanus shots ___yes ___no

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the Program should be aware.

Have you or your children tested positive for COVID? Yes ___ NO ___

**Freetown-Lakeville Extended Programs
Fore and Aft Programs
PK-Plus Program
112 Howland Rd.
Lakeville, MA 02347
508-923-2000 ext. 1730**

FORE AND AFT

Your child will not be enrolled in the PK-Plus/Fore and Aft Program until all paperwork is submitted. Should you have any questions or concerns please call my office at 508-923-2000 ext. 1730.

Date _____

Child' Name _____ Grade _____ Birth Date _____

Child's Name _____ Grade _____ Birth Date _____

Address _____

Zip Code _____

Email _____ Home Telephone _____ Cellular _____

Fore and Aft Program Specifics: (opens at 6:30AM and closes at 6:00 PM)

AM _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

PM _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

SITE: _____ AES _____ FES _____ GRAIS _____ FLMS

_____ I am interested in the Freetown-Lakeville in Vacation Club for February ____ April _____

_____ I am interested in Kids Café Summer Camp

- All forms must be completed and received before your child will be placed.
- **There is a non-refundable \$20.00 for 1 child/30.00 for 2 children Registration Fee**
- You will receive confirmation if your child is NOT accepted.
- A handbook and a calendar will be available on the first day
- Any questions please call Lisa A. Pacheco, Extended Programs Administrator (508) 923-2000 ext. 1730

TUITION FEES

Fee Structure- If there is a situation not covered within the following information, a clarification can be obtained by contacting the Freetown-Lakeville Extended Programs Administrator at 508-923-2000 ext. 1730.

FORE and AFT

A.M. Only (Program Hours 6:30 A.M. until School Begins)

One Child - \$6.50 per day

Two Children - \$10.00 per day

Three Children - \$13.00 per day

P.M. Only (Program Hours are at Conclusion of the School Day until 6:00P.M.)

One Child - \$11.50 per day

Two Children - \$17.00 per

Three Children - \$24.00 per day

A.M. and P.M. (Program Hours are 6:30 A.M. until 6:00 P.M. with the School Day)

One Child - \$15.00 per day

Two Children - \$24.00 per day

Three Children - \$35.00 per day

Pre-K-Plus Program

PreK-Plus Program (½ day) \$ 10.00 PreK-Plus Program Full day (school hours only) \$20.00

PLEASE READ:

Tuition does NOT change month to month. Tuition remains the same each month and is based on 180 school days. All vacation and holidays are taken into account. There is NO tuition in June. Payments are due the 1st of every month and a late fee will be added for all payments received after the 10th of the same month.

If there are changes to the school year tuition will be adjusted accordingly.

Payments can be made by check or online at
unipaygold.unibank.com