

**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 and the PK-Plus Program. It is hard to believe that the Freetown-Lakeville Extended Programs as Fore and Aft, PK-Plus, Kids Café Summer Camp and the SCORE Music Academy Programs have grown so immensely. This year we are again offering Vacation Club for both February and April school vacation weeks. Also, look for the After the Bell Enrichment program to start in October with some fresh new classes and activities!

**It is time to secure your 2018/19 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 and the PK-Plus Program. A school calendar will be available on the first day of the Program that you may find handy in planning your personal activities.

The first day of school for the **Fore and Aft Program is Tuesday, September 04, 2018.** The **PK-Plus Program will begin on Thursday, September 06, 2018.** Please feel free to stop by the PK-Plus classroom anytime during Preschool Orientation. All preschool students must be bathroom trained in order to attend.

Field trips are scheduled on half days. These trips are available for all children enrolled in the Fore and Aft Program. Permission slips will be available as necessary. The children truly enjoy these days off with friends.

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

**Fore and Aft Program/PK-Plus 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 10, 2018 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 Fore and Aft Program or the PK-Plus 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 individual; school with your Program schedule.

If you have any questions please call my office at 508-923-2000 ext. 1730 or email at [lpacheco@freelake.org](mailto: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**

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**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 with all registration forms. Thereafter the tuition is due on the first day your child attends the Program for that month. There will be a \$10.00 late fee assessed to your tuition if you fail to pay by the date indicated. **TUITION REMAINS THE SAME EACH MONTH.**

**(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 Community Recreation Fore and Aft Program and/or K-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 Community Recreation Fore and Aft Program and/or K-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 Community Recreation Fore and Aft/K-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**

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**Food Allergies (List)**

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

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**Restrictions (The following restrictions apply to this individual)**

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**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.

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Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

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

**FORE AND AFT and PK-PLUS  
Registration Forms**

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's Name \_\_\_\_\_ Grade \_\_\_\_\_

Siblings currently enrolled in the Fore and Aft Program \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

**Pre-K-Plus** Program Specifics: (during school hours only parent pick up and drop off)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

Preschoolers cannot ride the school bus therefore they cannot attend the Fore and Aft Programs

**Fore and Aft** Program Specifics: (extended options opening at 6:30AM and closes at 6:00 PM)

AM \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

PM \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\_\_\_\_\_ 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 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 - \$9.00 per day  
Three Children – \$12.00 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 - \$16.00 per  
Three Children - \$23.50 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 - \$14.50 per day  
Two Children - \$23.00 per day  
Three Children - \$34.00 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 10<sup>th</sup> of the same month.

Payments can be made by check or online at  
[unipaygold.unibank.com](http://unipaygold.unibank.com)