

Freetown-Lakeville Extended Programs  
Pre K-Plus  
112 Howland Rd.  
Lakeville, Ma 02347

Dear Pre-School Parents,

Welcome to the Freetown Elementary School! This letter is to introduce you to the **Freetown-Lakeville Extended Programs PreK-Plus Program....**

**There are two ways to enroll in PreK-Plus ...**

The **PreK-Plus Program** is a service for parents who need placement anytime throughout the school year for students accepted into the District Pre-School Program. This is designed to offer a full day whereby students spend half day in the District preschool and the **other half of the day in the PreK-Plus Program.**

There are a number of families who are on the District waiting list. This year we are pleased to offer the PreK-Plus Program to those students. Families will be able to drop off their children in the morning, attend PreK-Plus and pick them up at dismissal. **This is a full school day service of the PreK-Plus Program.**

The K-Plus Program will provide an environment to promote and enhance self esteem and creativity as well as improve skills of cooperation, sharing and independence. This is not day care. The program features recreation, cooking, arts and crafts, story time and guest speakers. PreK-Plus will help your child learn to participate and function well in a group. This is an opportunity to enrich and expand their classroom learning through hands on activities and additional reinforcement. PreK-Plus will be a program of balance-fostering the need for children to be children quilting the concept of learning by doing. PreK-Plus is designed to meet the needs of your schedule whether you need one day or 4 days. The PreK-Plus Program is a great stepping stone in laying the foundation towards being prepared and ready to enjoy a full day!

The Freetown-Lakeville Extended Programs; Fore and Aft/K-Plus Program operates according to the Freetown Elementary School calendar. The program will open on the first day of PreSchool and end on the last day of school. If school is canceled then K-Plus is canceled. If school is delayed the Program is also delayed. K-Plus will observe school vacations and holidays. School lunches will be available for purchase. The Program is staffed and conducted through the Freetown-Lakeville Regional School District. All staff members are screened by the Attorney General's Office, Division of Criminal Identification, and by the Master File of Child Abuse and Neglect Tracking System of the Department of Children, Youth and Families.

The Extended Programs also offer a variety of other services. Vacation Club is a full day program operated at the Austin Intermediate School during February and April vacations. The Kids Café Summer Camp is a full day summer program that offers enrichment classes in the morning followed by a typical summer camp structure in the afternoon complete with swimming! For further information on any of the Extended Programs please contact the Director.

We welcome you to register!!! Please complete and return the attached forms along with a non-refundable registration fee of \$20.00 per child payable to the Freetown-Lakeville Schools. These forms must be returned before your child is placed. The tuition for the PreK-Plus Program is **10.00 per day for students in the District preschool and 20.00 per day for the PreK-Plus only program.** If you have any questions please call the Extended Programs Office at 508-923-2000 ext. 1730.

Thank You,

Lisa A. Pacheco  
Extended Programs Administrator  
[lpacheco@freelake.org](mailto:lpacheco@freelake.org)  
508-923-2000 ext. 1730

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

**PreK-PLUS PROGRAM**

Your child will not be enrolled until all paperwork is submitted. Should you have any questions or concerns please call my office at 508-923-2000 ext. 1730 or email at [lpacheco@freelake.org](mailto:lpacheco@freelake.org).

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

**PreK-Plus Program Specifics: \$10.00**

My child is in the District preschool and attending PreK-Plus in the morning only \_\_\_\_\_.

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

My child is on the waiting list and attending PreK-Plus full time on the following days \_\_\_\_\_:  
(9:15AM-Dismissal) \$20.00

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

I would be interested in extended care until 3:15 pm \_\_\_\_\_

- All forms must be completely filled out and received before your child will be placed.
- There is a non-refundable \$20.00 Registration Fee
- Payments can be made by check to FLRSD or on the [www.unigold.unipay.com](http://www.unigold.unipay.com) website
- Any questions please call Lisa A. Pacheco, Program Administrator (508) 923-2000 ext. 1730

**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** \_\_\_\_\_

**TRANSPORTATION INFORMATION:**

My child should be dropped off at school by: \_\_\_\_\_

My child will be picked up at dismissal by \_\_\_\_\_

In case of an emergency due to inclement weather my child will be picked up by  
\_\_\_\_\_

**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  
Guardian Signature \_\_\_\_\_

## 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)

