

Community Education
Dover Sherborn Public Schools

Dr. Andrew Keough, Superintendent

Stephen Ewing, Director of Sherborn Extended Day

Dear Continuing and New Extended Day Families,

The Extended Day Registration Forms for the 2018-2019 school year are attached to this letter. Additional application forms can be found at the school office, the Extended Day program location, and the Community Education website.

- All completed applications must be mailed or delivered *to the Extended Day Program Director, accompanied by one month's non-refundable security deposit, which will only be applied to your June 2019 tuition, in order to secure your space. Should you withdraw before June 2019, your deposit will be forfeited.*
New Families - please include a \$25.00 Non-Refundable Registration Fee (only one fee per family).
*Scholarships are available for qualifying families.
- Your application will be considered ONLY if it includes:
 1. Completed registration/re-enrollment form **and** recent wallet-sized picture of your child (please attach the photo to the bottom right corner of page three).
 2. One month's security deposit, \$25 registration fee (for new families only), and completed tuition worksheet.
 3. Completed medical information sheet, with two local emergency contacts, other than parents. Emergency contacts should be available to pickup within 30 minutes in case of illness or emergency.
 4. A copy of your child's most current signed physician's medical form and immunizations. This is considered confidential, so we **must receive it directly from you.**
 5. Acknowledgement that you have read and understood the parent handbook. The handbook is available online at www.doversherborn.org.

Space in Sherborn Extended Day (ExDay) is prioritized by the number of days you require (first five days, then four, then three, then two days). Students must be registered for at least two days EACH week for ideal social success and due to the high demand for enrollment.

- All completed registration forms will be dated when they are received, beginning March 1st for families currently enrolled in ExDay, and March 15th for families new to ExDay. Confirmation letters will be mailed May 15th, providing your 2017-2018 account is current (for continuing families).
- If the days you requested are full, your child will be put on a waiting list, and you will be notified after May 15th.
- **Invoice confirmations will be mailed out at the beginning of August. This is the only invoice you will receive** and it will confirm your monthly tuition, due on the 1st of every month from September through May.
- The first of nine payments is due **September 1, 2018, which covers August-September, 2018.** The last payment is due May 1, 2019.
- All tuition payments are due on the 1st day of the month and will be applied to that month.
- Payments received after the 1st of the month are subject to a \$25.00 late fee.
- We are aware that work schedules and activities change periodically. However, any changes made August 1st through September 15th will go into effect October 1st (please plan accordingly).
- **After September 15th: Changes made in writing prior to the 15th will be made on the 1st of the following month.** (ex. Changes made before September 15th go into effect on Oct 1st; changes made between September 16th and October 15th go into effect November 1st). All changes made, including additions as well as deletions, will be subject to a \$10 administrative fee.

We look forward to including you and your child(ren) in our program. Please don't hesitate to call me with any questions, 508-651-2771. During the summer, please email ewings@doversherborn.org.

Sincerely,

Stephen Ewing
Sherborn Extended Day Director

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EXTENDED DAY TUITION RATE SHEET – PLEASE RETURN WITH REGISTRATION

TUITION FOR MONDAY, TUESDAY, THURSDAY, FRIDAY (NO WEDNESDAY)

FIRST CHILD

SIBLING

(2nd/3rd child, coming same # or fewer days than 1st child)

First Child Tuition Rates*

2 days/week \$184.00/month (M,T,TH,F)

3 days/week \$265.00/month (M,T,TH,F)

4 days/week \$347.00/month (M,T,TH,F)

Sibling Tuition Rates*

2 days/week \$184.00/month (M,T,TH,F)

3 days/week \$245.00/month (M,T,TH,F)

4 days/week \$316.00/month (M,T,TH,F)

**PLEASE USE THE TUITION RATES LISTED BELOW
IF YOUR CHILD'S SCHEDULE INCLUDES WEDNESDAYS**

First Child Tuition Rates*

2 days/week incl. Weds. \$228.00/month

3 days/week incl. Weds. \$308.00/month

4 days/week incl. Weds. \$388.00/month

5 days/week incl. Weds. \$468.00/month

Sibling Tuition Rates*

2 days/week incl. Weds. \$228.00/month

3 days/week incl. Weds. \$308.00/month

4 days/week incl. Weds. \$368.00/month

5 days/week incl. Weds. \$428.00/month

Monthly Tuition for first child

\$ _____

Monthly Tuition for second child

\$ _____

Monthly Tuition for third child

\$ _____

NEW FAMILIES ONLY:

\$25 NON-REFUNDABLE REGISTRATION FEE

\$ _____

TOTAL DUE:

\$ _____

PLEASE MAKE CHECKS PAYABLE TO: SHERBORN EXTENDED DAY

Deposits are non-refundable and non transferable. Deposit will be applied to June's Tuition only and is non-transferable. Deposit will be forfeited with withdrawal from the program prior to June.

SCHOLARSHIPS AVAILABLE FOR QUALIFYING FAMILIES.

***Rates are applicable pending School Committee approval.**

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SHERBORN EXTENDED DAY REGISTRATION/RE-ENROLLMENT FORM 2018-2019 Grades K- 5

Please fill out individual forms for each child

Please Print Legibly

Child's Name: _____

Grade in 2018-2019: _____

Date of Birth: _____

Gender: M F

Sponsor (Parent/ Guardian):

Co-Sponsor (Parent/ Guardian)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Work Phone: _____

Work Phone: _____

PRIMARY EMAIL ADDRESS: _____

An emergency contact is someone other than a parent who can be available within 30 minutes to pick up your child in an emergency situation.

Emergency Contact 1

Emergency Contact 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Can pick up anytime? Yes / No

Can pick up anytime? Yes / No

Students must be registered for at least two days EACH week.

Please circle days needed:

Monday Tuesday Wednesday Thursday Friday

Total due for child listed on this registration sheet: \$ _____

Please use the rate sheet on the previous page to determine the monthly tuition for each child and include the worksheet with your payment.

New Families - Please include \$25 non-refundable registration fee.

CHECKS ARE PAYABLE TO: SHERBORN EXTENDED DAY

Completed applications should be mailed or given to the Program Director.

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Child's Name: _____ Date of Birth: _____

Family Doctor

Family Dentist

Family Hospital

Name: _____

Phone: _____

Insurance Policy Number: _____

Does your child have allergies? Yes No (circle one)

EPIPEN REQUIRED? Yes No (circle one)

If yes, you are required to supply ExDay with an Epi-pen, in its original box, prior to your child attending.

Please describe in full any and all Allergies, Dietary Restrictions, Medical Circumstances (including medications), Learning Issues (including special education testing outcomes or IEP accommodations/modifications), or any other concerns that the Extended Day staff should be made aware of concerning your child.

How would you assess your child's social skills?

WAIVER TO PROVIDE MEDICAL TREATMENT

In the event of medical situations deemed to be emergencies, I/we, parent(s) of _____, grant permission to the Extended Day staff to obtain emergency medical treatment.

Signature: _____ Date: _____

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**Sherborn Extended Day
2018-2019 Parental Permission**

Child's Name: _____

Please Initial next to each permission, and sign the bottom of this form. Required permissions are marked with an asterisk (*).

_____ *Activity Permission: I, hereby, give permission for my child to take part in all Extended Day activities (with consideration for any restrictions or concerns noted here):

_____ *Waiver to Provide Medical Treatment: In the event of a medical situation determined to be an emergency by the staff, I/we grant permission for a trained staff person to provide first aid and/or CPR, to call an EMT (Emergency Medical Technician), or a doctor; and/or to transport my child by ambulance to the nearest emergency treatment facility. I/we understand that every effort will be made to contact me just as soon as the situation allows.

_____ *Medical Records: I, hereby, give permission for the staff to access my child's full medical records, including immunizations and medication release forms, which are on file with the Sherborn Public Schools; and I attest that I have attached a copy of my child's full medical records to this form.

_____ *Permission to Communicate with School Personnel: I understand that it is in the best interest of my child for there to be consistency and continuity between the classroom and Extended Day. In the interest of maintaining open lines of communication, I hereby give permission for the Extended Day staff to communicate with my child's classroom teacher and other school personnel.

_____ *Emergency Pick-up Permission: I, hereby, give permission for the people that I have indicated on the transportation section of this Student Information Packet have my permission to pick up my child, if it is necessary and I cannot be reached.

_____ Transportation: I, hereby, give permission for the senior Extended Day staff person present to transport my child in his/her car in the event that my child takes the school bus home by mistake.

_____ Permission to Photograph: I give permission for my child to be photographed while taking part in Extended Day activities and for those photographs to be used in future brochures, memory books, and displays.

Date: _____

Signature: _____

I verify that I have read the Sherborn Extended Day Parent Handbook available at www.doversherborn.org and I agree to abide by all rules, regulations, and procedures.

Parent/Guardian

Parent/Guardian

Signature 1: _____

Signature 2: _____