

# AGAWAM PUBLIC SCHOOLS

## Agawam School Age Childcare (ASAC)

### 2018-2019 School Year

Do you work earlier/later than school hours? Are you looking for before or after school childcare?

#### WE CAN HELP!

ASAC consists of indoor and outdoor activity time, homework assistance, snack time & much more. Our before and after school program is available every weekday morning & afternoon for students attending the Agawam Public Schools in grades K-6. Each school has their own separate location. Pre-paid advance registration is necessary and applications need to be received by the Wednesday before the week you wish to have your child begin. Children may attend every session or the consistent weekly schedule that you have selected below. Space is limited and slots are filled on a first come first serve basis. A wait list will begin as soon as enrollment becomes full at each location, so act quickly!!

#### Registration Form for ASAC Before & After School Program

Circle days attending & select morning, afternoon or **both** sessions. Or select "Drop-In only".

#### Monday

- Morning  
 Afternoon  
 Both

#### Tuesday

- Morning  
 Afternoon  
 Both

#### Wednesday

- Morning  
 Afternoon  
 Both

#### Thursday

- Morning  
 Afternoon  
 Both

#### Friday

- Morning  
 Afternoon  
 Both

**Drop-In Only** (Childcare on an as needed basis, *if* space is available)

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Registration \_\_\_\_\_ Date of Admission \_\_\_\_\_

Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Weekly Fee \_\_\_\_\_

Indicate if using a NEFWC Voucher: \_\_\_\_\_ If yes, current voucher and 10 times the daily fee listed is required to hold child's slot.

**I agree to pay the annual registration fee of \$50 along with my child's first and last weeks tuition included with this registration form all of which are non-refundable and due the Wednesday before your child begins. All payments are due on the Thursday before the week of childcare or late fees will be charged. I understand that weeks containing holidays are paid at my regular weekly fee and any additional hours provided are billed accordingly. A written two-week notice is required for student withdrawal or a reduction in scheduling.**

**Please return this form along with your check or money order, made payable to The ASAC Program, in an envelope marked Agawam Public Schools ATTN: Director of ASAC Program, 1305 Springfield Street, Feeding Hills, MA 01030. Incomplete registrations will not be accepted & your slot will not be reserved.**

**Status: ACCEPTED or DENIED Reason: \_\_\_\_\_ Letter sent: \_\_\_\_\_**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of ASAC Admission: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

\*Allergies/ Special Diets: \_\_\_\_\_

\*Chronic Health Conditions: \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

Child's Physician/ Clinic's Name: \_\_\_\_\_

Physician/ Clinic Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Parent/Guardian Information**

Parent/ Guardian Name: \_\_\_\_\_ Parent/ Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Person we should we contact regarding account issues: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements is on file at my child's school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*If your child has any allergies, special diets or chronic health conditions you are required by state regulations to have an **Individual Health Care Plan** form completed and signed by your child's physician. All information must be kept accurate. Any prescribed medication needs to be left with ASAC at all times when your child is present. If they are prescribed an Epi Pen Twin Pack then we need both Epi Pens. We are unable to share medications with the school nurse, ASAC requires a separate set of medications. Please notify us of any changes immediately. Failure to report all information about your child can result in termination from ASAC.

# Agawam School Age Childcare Program

## Child Pick-Up/Emergency Contact Information & Transportation Plan

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

Each morning parents or guardians must accompany all children into the building and sign them into the program. In the afternoon the students are dismissed from their classrooms and walk to the cafeteria (gymnasium at Phelps School) to join the program.

My child will depart from the program in the afternoon by:

- \_\_\_\_\_ Parent/Guardian Pick Up
- \_\_\_\_\_ Supervised walk/ If so with who? \_\_\_\_\_ (older sibling/neighbor?)
- \_\_\_\_\_ Unsupervised walk (Option only for children ages 10 and older; Advanced written permission required)

This list of contacts provided to ASAC will be used in the case of an emergency and when the parent/guardian cannot be reached. The list will also act as a release form. Please send a written note to the Site Coordinator or Director if anyone other than the parents or the individuals listed below will be picking up your child, children will not be released to any other individuals.

**You do not need to list parents or guardians here, that information should be included on page 2.**

Emergency Contact #1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I give permission to the above listed contacts to pick up my child from ASAC or to be notified in case of emergency in the event that ASAC is unable to contact a parent.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

# ASAC Consent Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand ASAC staff is trained in the basics of First Aid & CPR and I authorize them to give my child First Aid & CPR when appropriate. In case of an emergency, I give ASAC permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Occasionally children go for extra help with teachers or other school staff for special events such as enrichments, tutoring, or rehearsals. I give permission for my child to be dismissed from ASAC staff's care for those special events. I do understand that I am required to communicate these occurrences with ASAC staff if this is scheduled beforehand.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

I give permission for ASAC staff and other Agawam Public School employees (Principals, counselors, nurses, teachers) to discuss and share information that they feel is pertinent about my child to allow for a more successful continuity of care. I also give permission for them to remove my child from the care of the ASAC staff if a situation arises that necessitates intervention by school staff.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

EEC requires that ASAC post all student allergies or medical conditions in a location that is viewable for staff to easily see. Therefore, I give permission for ASAC to post my child's allergies and medical conditions if applicable.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

I give ASAC staff permission to take my child on a hike or a walking trip and/or participate in planned activities that would be in walking distance of the school with weather permitting.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

I give my permission for photos of my child to be used in displays and published materials. (ie. Agawam Advertiser)

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

The Director of ASAC may request my child and or the child's parents or guardians to attend conferences with the program personnel regarding matters that potentially warrant termination. The child's parents or guardians may also request a conference with the Director regarding policies or matters potentially warranting termination. The Director shall have the sole right and responsibility to determine any disputed factual matters regarding termination.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

I certify that I have read the **ASAC Parent Handbook** and understand the policies and procedures of Agawam's School Age Childcare Program. I understand that the FULL payment is due every week *including* weeks which contain holidays or half days (extra fees are charged when attending vacation weeks or half days). Late fees are applied to accounts if fees are not received the Thursday **before** the week of childcare. Chronic late payments or after 2 weeks of non-payment my child's slot can be terminated. I also understand that after two returned checks I will be required to pay by money order only.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Agawam School Age Childcare Program  
Transportation Plans In Case of Inclement Weather**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

In the event of inclement weather which results in a school cancellation then the ASAC Program is cancelled as well.

When morning inclement weather results in a delayed opening to the regular school day the ASAC Program's morning session will be cancelled. (This does not affect the after school session.)

In the event that school is closed early or the after school program is cancelled because of inclement weather your child will be sent home at the end of the regular school day by the option you select below.

(Please select only **ONE** option that is offered under your child's school.)

**Roberta G. Doering School**

- Bus Ride Home
- Walker

**Benjamin J. Phelps School**

- Bus Ride Home
- Walker
- Car Line

**Clifford M. Granger School**

- Bus Ride Home
- Walker

**Robinson Park School**

- Bus Ride Home
- Walker out the front door
- Car line through back parking lot/ gymnasium exit

**James Clark School**

- Bus Ride Home
- Walker out main entrance
- Car line pick up

If you need to change this plan at the last minute please contact your child's school office. Since payments are made in advance you will receive a credit following these occurrences. When the regular school day is in session and the Superintendent cancels the after school program we will attempt to contact you. Please list the best adult to contact below to ensure this message will be received for the safety of your child:

Person to contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

## ASAC Fees

(Taken from the ASAC Parent Handbook)

Payments for the program are due on a weekly basis. For your convenience you may also pay in advance. Check, money order or on-line payments are the only types of payment we accept, please no cash. Using UNIPAY you can pay on-line at <https://unipaygold.unibank.com/Default.aspx?customerid=1049>. Checks can be made payable to the Agawam Public Schools. **The fees listed below are required to be paid in full the Thursday before the week of service. A cumulative service charge of \$5/day per child will be added to the outstanding balance for all payments received after 6:00 pm on Thursday.**

Payments that are 2 weeks late will result in possible termination of enrollment from the program. Families will be responsible for any checks returned due to insufficient funds according to MA General Laws, Arts 1989 (\$25 plus accrued interest). After 2 returned checks we may require you to pay by money order only. Weekly schedules need to remain consistent or additional charges are assessed according to the drop-in rates.

Days Per Week	Before School Rates	After School Rates	Before & After Rates
5 Days	\$48	\$77	\$114 *
4 Days	\$43	\$69	\$107
3 Days	\$38	\$58	\$90
2 Days	\$28	\$48	\$71

**\*Price Break:** \$400 a month (a 4-week block during the month) does not include vacation weeks which have to be paid in advance prior to the start of the payment period.

**Drop in Charges:** Apply to all children not regularly scheduled for the desired session.

We do provide drop-in service if space and additional staff are available. Children must be pre-registered prior to attending the program. A registration fee is required and your daily rate will depend on the drop in rates listed below.

<b>Before School Rate</b>	\$18 per day
<b>After School Rate</b>	\$26 per day

**School Vacation Rates: Vacation weeks excluding holidays**

During School vacation weeks, the program is open from 7 a.m. until 6 p.m. If you enroll for a full day the cost is \$45 per day & your account needs to be current to sign up for any additional hours. Parents will need to provide a lunch for their children during vacation weeks. We have one location open and all children will be together during that week. A minimum of 25 children is required to run the program on these days. If you sign your child up to attend during the vacation weeks you are required to pay for the service regardless of attendance. ASAC has limited availability during vacation weeks and is on a first come first served basis; please keep in mind that you are **not** guaranteed a slot.

Your first payment due at time of enrollment will be followed by a confirmation letter or by a phone call. If you do not receive a letter or a phone call your registration has NOT been received. Information regarding your next payment will be included. **All payments following your first can be hand delivered to the Site Coordinators at each site location. Please DO NOT send payments into the school office or in with your child. KEEP IN MIND YOUR APPLICATIONS AND FEES ARE DUE THE WEDNESDAY BEFORE YOU WOULD LIKE YOUR CHILD TO BEGIN AND FINAL APPROVAL IS DETERMINED BY THE DIRECTOR.**

Program Questions? Contact ASAC Director, Andrea Cichetti (413)313-4117

Billing/Payment Questions? Contact Billing Specialist, Kimberly O'Brien (413)821-0555

THANK-YOU!