

RYAN SCHOOL GRADES 5 AND 6 BEFORE AND AFTER SCHOOL PROGRAMS

2008-2009 School Year

Tewksbury Public Schools will continue to offer the Before and After School Programs for Tewksbury students in grades 5 and 6 at the John F. Ryan School.

Curriculum

The **Before** and **After School Programs** will enhance the academic, social/emotional, and physical development of Tewksbury students in grades 5 and 6.

Staff

The **Before** and **After School Programs** will have a child to staff ratio of 1 teacher to every 15 children.

Tuition

Tuition for the entire year is broken down into bi-weekly payments. A two-week tuition payment must be submitted to your child's **Before School** or **After School** Site Director every other Friday for the upcoming two weeks. Tuition checks should be made payable to the "Town of Tewksbury". **Cash will not be accepted.** Unless otherwise noted, tuition will be due and payable in full when Tewksbury Public Schools are in session. **Tuition rates are subject to change.**

Transportation

Parents/guardians must provide transportation to the **Before School Program** and home from the **After School Program.**

Registration

Due to the staffing requirements, registrations must be received by Wednesday, August 6, 2008. The \$10.00 registration fee will be waived for all registrations **received by that date.** Return a two-week tuition deposit and the completed registration and accident/illness form to: Tewksbury Public Schools, Tewksbury Community Services, 320 Pleasant Street, Tewksbury, MA 01876.

(over)

RYAN SCHOOL GRADES 5 AND 6

THE BEFORE SCHOOL PROGRAM

The **Before School Program** will begin **1 hour and 15 minutes before the start of school**. The morning schedule will provide a nurturing environment and a positive start to the day. It is a 60 minute program.

- **BEFORE SCHOOL ARRIVAL:** Parents/guardians must walk children into the school each morning and must sign-in upon arrival.
- **SNACK:** A morning snack will be provided by the Tewksbury Public Schools Elementary Food Services.
- **TUITION: (rates subject to change)**

FIVE DAY PROGRAM	**THREE DAY PROGRAM
\$27.50/Week	\$23.00/Week

A two-week tuition deposit in the amount of \$55.00 for the five-day program or \$46.00 for the three day program must be submitted with your registration; thereafter the two-week payment must be submitted to the site director every-other Friday.

***Must be the same three days each week.*

THE AFTER SCHOOL PROGRAM

The **After School Program** will operate for **3 hours at the conclusion of the school day**. The daily schedule will balance structured time and free choice. Homework assistance, computer application, and supervised outside play will be integral parts of the **After School Program**.

- **AFTER SCHOOL DISMISSAL:** Parents/guardians must sign-out children each afternoon.
- **SNACK:** An afternoon snack will be provided by the Tewksbury Public Schools Elementary Food Services.
- **TUITION: (rates subject to change)**

FIVE DAY PROGRAM	**THREE DAY PROGRAM
\$55.00/Week	\$41.00/Week

A two-week tuition deposit in the amount of \$110.00 for the five-day program or \$82.00 for the three day program must be submitted with your registration; thereafter the two-week payment must be submitted to the site director every-other Friday.

***Must be the same three days each week.*

**COMMUNITY SERVICES
TEWKSBURY PUBLIC SCHOOLS**

**REGISTRATION FORM
2008-2009 School Year**

Student's Name _____ **RYAN SCHOOL**
Grade entering September, 2008 _____
Home Address _____ Home Phone _____
Parent/Guardian (#1): _____ Cell (#1): () _____
Parent/Guardian (#2): _____ Cell (#2): () _____
Parent/Guardian *Signature* _____ Date _____

**BEFORE SCHOOL PROGRAM
(Doors open 2 hours before the start of school)**

____ Five Day Program ____ Three Day Program Days Attending: M T W TH F
Must be the same three days each week.
START DATE: _____

**AFTER SCHOOL PROGRAM
(operates for 3 hours at the conclusion of the school day)**

____ Five Day Program ____ Three Day Program Days Attending: M T W TH F
Must be the same three days each week.
START DATE: _____

<u>Please check:</u>	<u>Amount of Payment:</u>
____ <i>Before School: 2-week deposit of \$65 for 5 days</i> ____ <i>\$51 for 3-days</i>	____ \$ _____
____ <i>After School: 2-week deposit of \$110 for 5 days</i> ____ <i>\$82 for 3-days</i>	____ \$ _____
____ <i>Registration fee: \$10.00 (Fee waived if paid before August 6, 2008)</i>	____ \$ _____

TOTAL ENCLOSED \$ _____

Office use: Check/Money Order# _____ *Amount \$* _____ *Date* _____

(OVER FOR ACCIDENT/ILLNESS FORM)

**TEWKSBURY PUBLIC SCHOOLS
EXTENDED DAY PROGRAMS**

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF EXTENDED DAY CHILDREN:

In case of accident, illness or other emergency, the Extended Day staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Student's Name _____ Date of Birth _____ Current Grade _____
Last First Initial

Home Address _____ Tewksbury, MA 01876 Home Phone () _____

Parent/Guardian (#1): _____ Parent/Guardian (#2): _____

Cell (#1): () _____ Cell (#2): () _____

Parent/Guardian (#1) Place of Business _____ Business Phone () _____

Parent/Guardian (#2) Place of Business _____ Business Phone () _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification.

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Name of Doctor: _____ Address _____ Phone () _____

Name of Dentist: _____ Address _____ Phone () _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES _____ NO _____
IF YES, PLEASE LIST.

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____
If the answer is "yes", you must come to the site to administer these medications.

Signed _____ (PARENT OR GUARDIAN) _____ (DATE)

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.