

Before School Program – Burlington Public Schools 2018/2019 School Year

The Burlington School Department is offering the Before School Program at each of the elementary schools. The Before School Program is staffed by experienced elementary school teachers.

Location: The Francis Wyman, Memorial, Pine Glen, and Fox Hill Elementary Schools.

Time: The program operates from 7:05am until the teachers come on duty. The program is closed when school is closed or when there is a delayed opening.

Who: The Before School program is available to children in grades kindergarten through five. Registrations will be accepted on a first come, first served basis. Enrollment preference will be given to children who participate in the program 5 days per week.

Cost: The 5 day per week program is \$80 per month, the 4 day per week program is \$70 per month, and the 3 day per week program is \$60 per month. A 10% tuition reduction per child is available for families with more than one child in the program. Monthly payments are due in advance of services. Financial Assistance is available for families that qualify for free or reduced lunch.

Staffing: The Before School Program is supervised by experienced teachers and child care providers. A ratio of one staff member to every thirteen children will be maintained.

Activities: The children will participate in arts and crafts, games, reading, and recreational activities before the beginning of the school day.

To register: *Please return this registration form to: **Donna M Sullivan, Francis Wyman School, 41 Terrace Hall Avenue, Burlington, MA 01803**. Please include a check made payable to the **Burlington Public Schools**. Deposits will be applied toward tuition for the month of September. Registrations for the Before School Program will be accepted on a first come, first served basis. Preference will be given to children enrolling in the program five days per week. Receipt of registration constitutes a child's enrollment in the Before School Program unless otherwise notified. **Deposits and payments are not refundable or transferable** unless the opening requested is not available. For additional information, please email Donna M Sullivan at dosullivan@bpsk12.org.

Before School Program – Burlington Public Schools Registration Form 2018/2019 School Year

(This is an ink pen form only)

Child's Last Name: _____ Child's First Name: _____

Address _____ Grade in Sept 2018: _____ Male: _____ Female: _____

School: _____ Home Phone: _____ DOB: _____ Age: _____

My Child has and IEP Yes _____ No _____ Allergies: Yes _____ No _____

ALLERGY/CONDITON	REACTION	TREATMENT/MEDICATION

Primary Contact/Parent/Guardian:

First: _____ Last: _____ Relationship to child: _____

Cell phone: _____ Work phone: _____ E-mail: _____

Secondary Contact/Parent/Guardian:

First: _____ Last: _____ Relationship to child: _____

Cell phone: _____ Work phone: _____ E-mail: _____

Emergency Contact: _____

Telephone #: _____ Relationship: _____

Please select one:

_____ I wish to enroll my child in the **5 day per week program**. I have enclosed a check for \$80.

_____ I wish to enroll my child in the **4 day per week program**. I have enclosed a check for \$70. Please check the four days your child will be attending the program:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

_____ I wish to enroll my child in the **3 day per week program**. I have enclosed a check for \$60. Please check the three days your child will be attending the program:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please return this registration form to **Donna M Sullivan, at the Francis Wyman School, 41 Terrace Hall Avenue, Burlington, MA 01803**. Please enclose a check made payable to the **Burlington Public Schools**. Your check will cover your tuition for the month of September. Registrations for the Before School Program will be accepted on a first come, first served basis. Preference will be given to children attending the program five days per week. Receipt of registration constitutes a child's enrollment in the Before School Program unless otherwise notified. **Deposits and payments are not refundable or transferable unless the opening requested is not available.**

Please Initial _____ I agree to provide 30 days notice of any changes to my child's enrollment.

Parent Signature

Date

For office use only

QB acc	QB mem tran	Spreadsheet	School List	Medical