



***ATTENTION PARENTS!! ***

It is now time to register your child to attend For Kids Only's 2009/2010 Afterschool Program!

At For Kids Only, your child will have the opportunity to participate in enriching activities, complete homework assignments and socialize with friends! Each year, over five hundred families rely upon For Kids Only Afterschool to provide learning and care for their school-age children. For Kids Only curriculum focuses on a variety of core competencies; Homework, Social Skills, Literacy, Arts, Math, Physical Fitness, Science & Technology, etc. **Register today to guarantee a spot for your child!**

Enclosed in this registration packet, you will find:

- School Year 2009/2010 Fee Contract
- Credit Card/Bank Account Withdrawal Form
- Child & Parent Information Sheet
- First Aid and Emergency Medical Care Consent Form
- Parental Permission Sign Off Sheet
- Homework Agreement - Parent & Child
- Parent/Child Behavior Policies
- Financial Policy Agreement

Important Information & policy changes for the upcoming year:

- As always, you **MUST** have a ZERO balance in order to register.
- Our annual registration fee has been decreased to \$50.00 per family.
- **EARLY RELEASE DAYS:** If an early release day falls on one of your contracted days, you will be charged an additional fee of \$10/day (regardless of your child's attendance).
- **SNOW DAYS:** In order to hold a spot for your child to attend on snow days, you **MUST** preregister (ask your Site Coordinator for a Snow Day Contract).
- **RETURNED CHECK FEES:** The fee for a returned check has been increased to \$30.00.

HOW DO I SUBMIT MY REGISTRATION PACKET?

- Mail your completed registration packet, **first payment (2 weeks tuition & registration fee)** to:
For Kids Only Afterschool, 244 Essex St., Salem, MA 01970
- Deliver your completed registration packet and first payment to the FKO program you are registering to attend. ***(Call first to make sure we are there! 978-740-KIDS)***

We look forward to having the opportunity to meet and work with you and your child! See you soon!

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SCHOOL YEAR 2009/2010 FEE CONTRACT

To be Completed by Site Coordinator:

____ Private ____ Voucher
____ Slot ____ Scholarship
____ Other: _____

2009/2010 Fees:

Registration Fee: \$50.00 per year per family
Daily Tuition Fee: \$21.00 per day (School Dismissal - 6:00PM)

I, _____, am enrolling my child, _____,
in the For Kids Only Afterschool program to start on the following date: ____/____/_____.

I am registering my child to attend on the following days (see above fee, minimum of two days required):

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

My child will attend the following FKO program:

____ Beachmont School ____ McKinley School ____ Lincoln School ____ Youth In Motion (*Grades 2-8 only*)

____ **My child WILL attend FKO during snow days** - *I understand by choosing this option, a spot will be reserved for my child and I will be charged the full day rate of \$40.00 for every snow day that FKO is open.*

____ **My child WILL NOT attend FKO during snow days** - *I understand by choosing this option, a spot will NOT be reserved for my child and I will only be charged the regular rate of \$21.00 for every snow day.*

Parent/Guardian Signature: _____ Date: _____

FEE POLICY: Tuition payments are due every Monday or on the 1st day your child attends each week.

- I agree to pay a registration fee upon registration of \$50.00 and 2 weeks tuition upon registration.
- I understand that program fees are not based on attendance, but are weekly contractual fees. My fee pays for direct operating costs, such as staff, snacks and enrichment materials. All of these must be available for my child.
- I understand there will be no reductions in fees or refunds given if my child is absent from the program (sickness, vacation, other absence).
- I understand that if tuition is not paid on time and according to this contract, my child will be unable to attend the program and withdrawn immediately.
- I agree to pay a \$50.00 re-enroll fee if my child returns to the program after withdrawing or as a result of termination from the program for lack of payment.
- I understand I MUST give a two week written notice to withdraw my child or make changes to his/her contract.
- Early Release Days: I understand that I will be billed an additional fee of \$10 for each early release day that occurs on one of my contracted days (whether my child attends or not).
- Snow Days: Will be offered at additional cost of \$40/day.
- School Vacation Weeks: Will be offered at an additional cost of \$40/day. I agree to sign up in advance.
- Field Trips: If applicable, may be offered at an addition cost.
- I understand any billing questions must be taken to the tuition manager @ 978-740-KIDS.

I have read and understand the For Kids Only Afterschool fee and financial policy. I understand that payment for my child to attend is due every Monday or on the 1st day my child attends each week. I further understand that I am required to give For Kids Only Afterschool a two week written notice for any schedule changes and or termination of care.

Parent/Guardian Signature: _____ Date: _____

CREDIT/DEBIT CARD WITHDRAWAL

****This form is only to be completed if you agree to have your weekly tuition paid via a credit card or your bank account.***

CREDIT CARD PAYMENT FORM

Child's Name: _____ Program Attending: _____

Parent/Guardian Name: _____ Phone Number: _____

Name on Credit Card (if different from above): _____

Type of Card: Mastercard Visa

Credit Card Account No.: _____ Expiration Date: _____/_____/_____

Amount of Payment Being Made: \$ _____

This is only a **"ONE-TIME"** charge (By checking this box, I understand that my credit card/bank account will only be charged once for the amount written above.)

Please charge my credit card/bank account **EVERY WEEK** (By checking this box, I understand that my weekly fee will be charged to my credit card/bank account every **FRIDAY** for the upcoming weeks tuition)

Parent Signature: _____ Date: _____

ACCOUNT DEBIT PAYMENT FORM

Child's Name: _____ Program Attending: _____

Parent/Guardian Name: _____ Phone Number: _____

Account Number: _____ Routing Number: _____

Please Select Account Type: Savings Checking

Amount of Payment Being Made: \$ _____

This is only a **"ONE-TIME"** charge (By checking this box, I understand that my credit card/bank account will only be charged once for the amount written above.)

Please charge my credit card/bank account **EVERY WEEK** (By checking this box, I understand that my weekly fee will be charged to my credit card/bank account every **FRIDAY** for the upcoming weeks tuition)

Parent Signature: _____ Date: _____

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CHILD INFORMATION

Child's Name: _____ Age Today: _____ Date of Birth: _____
Street address: _____ City: _____ Zip: _____
Date Starting: _____ Telephone #: _____
Eye Color: _____ Hair Color: _____ Gender: _____ Height: _____' _____" Weight: _____ lbs
Ethnicity: _____ Primary Language: _____
Identifying Marks: _____
School Attending: _____ Child's Teacher: _____ Grade 09/10 _____

Allergies/Special Diets/Health Conditions/Special Limitations (**if there are no conditions, please write none**):

Child's Physician: _____ Physician's Phone #: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school?

_____ Yes _____ No **If no, parent must supply above-mentioned documentation before child attends.*

Does your child receive Special Education services in school? _____ Yes _____ No

Is there any other information or special interests you would like us to know about your child?

PARENT/GUARDIAN INFORMATION

Name _____	Name _____
Relationship to child _____	Relationship to child _____
SS# _____	SS# _____
Home Address _____	Home Address _____
Home Phone # _____	Home Phone # _____
Preferred E-Mail _____	Preferred E-Mail _____
Occupation/Trade _____	Occupation/Trade _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone # _____	Business Phone # _____
Hours at Work _____	Hours at Work _____
Cell Phone # _____	Cell Phone # _____

How did you hear about us?

Newspaper Relative/Friend Flyer School _____ Other _____

Parent/Guardian Signature: _____ Date: _____

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: ____/____/____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize For Kids Only to transport my child to the nearest medical facility and to secure for my child the necessary medical treatment. I understand the teachers at For Kids Only are trained in the basics of First Aid and CPR and I authorize them to give my child the necessary treatment.

Child's Physician/Clinic Name: _____

Physician's Address: _____ Physician's Phone: _____

Child's Dentist: _____ Dentist's Phone: _____

Child's Allergies (please indicate if there are none): _____

Dietary restrictions? _____

Other health conditions? _____

Health Insurance Coverage: _____ Policy Number: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

RELEASE CONSENT/EMERGENCY CONTACT – MUST HAVE 3

I hereby authorize For Kids Only to release my child to the following persons (other than parents/guardian). Your child will not be released under any circumstances to anyone other than the people listed below.

(These people will be called if you are late or do not pick up by 6pm or if we cannot reach you)

NAME _____ RELATIONSHIP TO CHILD _____

HOME # _____ CELL # _____ WORK # _____

NAME _____ RELATIONSHIP TO CHILD _____

HOME # _____ CELL # _____ WORK # _____

NAME _____ RELATIONSHIP TO CHILD _____

HOME # _____ CELL # _____ WORK # _____

***IF YOUR CHILD MAY LEAVE THE PROGRAM BY HIM/HERSELF, YOU MUST FILL OUT AN ADDITIONAL FORM, WHICH YOU MAY RECEIVE, FROM THE DIRECTOR.**

Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION SIGN-OFF SHEET

MOVIE RATING

I give permission for my child to watch movies at For Kids Only Afterschool with the following ratings (please check all that apply). G _____ PG _____

Parent/Guardian Signature: _____ *Date:* _____

PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEO TAPED

I give permission for my child to be photographed or videotaped while attending For Kids Only Afterschool for the purpose of promotion or display materials (flyers, newspaper, televisions class projects, newsletters, etc.)

Parent/Guardian Signature: _____ *Date:* _____

INFORMATION RELEASE

In order to assist my child in being successful in school, I have enrolled him/her For Kids Only Afterschool. I realize that increased personal and academic growth for my child results from a partnership among home, school, and afterschool. To support the partnership, I give permission for For Kids Only Afterschool staff and the Public School staff to discuss information regarding my child's school performance with each other.

Parent/Guardian Signature: _____ *Date:* _____

TRANSPORTATION PLAN

Parents are responsible to drop off and pick up at arrival and departure times or make other arrangements.

My child will arrive by (please circle): FKO Staff Parent Unsupervised Walk Other _____

My child will depart by: (please circle): FKO Staff Parent Unsupervised Walk Other _____

Parent/Guardian Signature: _____ *Date:* _____

OFF-SITE ACTIVITIES AND FIELD TRIP AUTHORIZATION

For Kids Only may offer field trips as an afternoon, vacation week or summer club. I understand that For Kids Only does not provide transportation and therefore, the group will be walking or using public transportation to travel to the following places: Public Schools & Property, Local Parts, Local Community Stores/Restaurants, Local Beaches, Public Library, Other FKO programs. During vacation weeks and summer, I understand that my child may be transported by the school buses that FKO contract with.

Parent/Guardian Signature: _____ *Date:* _____

RELOCATION WITHIN THE SCHOOL OR SPACE

On occasion, For Kids Only will be required to relocate from our designated space to or within the site/public school location. I give my child permission to attend For Kids Only Afterschool when it is operating in another space/school location that is not our primary space.

Parent/Guardian Signature: _____ *Date:* _____

HOMEWORK AGREEMENT - PARENT & CHILD

At For Kids Only Afterschool Programs, we believe that we can support your family and your child's school success by providing homework centers and a homework period. These centers are to be used for homework, studying, tutoring, problem solving and/or reading. Homework Centers vary with each program site; please consult with your site coordinator for more detailed information.

It would be very helpful to the staff if we are informed about your child's special education needs or extra assistance in certain subject areas or interests.

We ask that you discuss with your child the homework centers at the program. We feel that we can provide the best homework assistance when staff, children, and families have a clear understanding about how this works. In addition, we find it helpful to have some information from both parents/guardians and children about how to best support homework efforts.

IMPORTANT POINTS TO REMEMBER:

- FKO staff provides homework assistance and are not responsible for finishing homework w/ your child if he/she doesn't finish during the 30-45 minute homework period.
- FKO staff will not look through your child's bag. In the event your child states he/she does not have homework, a **homework slip** that states, "your child stated that he or she did not have homework today," will be put in your parent mailbox to inform you.
- If your child does not have homework, he/she will be asked to do something quiet until homework period is over.

CHILD CONSENT

I agree to:

- Come to the homework center to work on my homework
- Bring the books, notebooks, and worksheets that I need
- Try my best to understand the homework assignment at school
- Be quiet in the homework center
- Respect others at the homework center
- Ask for help when I need it

Child/Youth Signature: _____ Date: _____

FAMILY CONSENT

I agree to:

- Check the homework my child has completed during program time
- Support my child with unfinished or difficult homework at home
- Talk to my child about alternative activities to do during homework time if they finish early or do not have homework
- Talk to teachers at the school about homework issues
- Check my parent mailbox for homework slips

Parent/Guardian Signature: _____ Date: _____

PARENT/CHILD BEHAVIOR POLICIES

PARENT BEHAVIOR POLICY

For Kids Only Afterschool, Inc. expects that all adults in contact with the staff, program families, administrators, children and board members act respectfully and appropriately at all times. Behavior which is abusive, disruptive or uncooperative will not be tolerated. Inappropriate behavior such as these will be grounds for review by the Board of Directors. This behavior includes parents arriving on the premise under the influence of drugs or alcohol.

In the event of inappropriate conduct, the following procedures will be instituted:

- The individuals involved will be asked to attend a meeting in a timely manner to address the concerns.
- Documentation of the event and meeting will be placed on file.
- When warranted, consideration for suspension, termination or decline to re-enroll the family in the program, will be determined by the Administrative Team and Advisory Board.
- Families will be informed, in writing, of the decision made by the Administrative Team and Advisory Board.

If we feel that your child's safety is being compromised in any way, we will help seek alternative transportation. We reserve the right to call the appropriate authorities, if necessary. This decision will be made to insure the safety and well being of program families, staff, administrators, children and board members.

- *Please refer to your "Parent Behavior Policy" in your parent handbook for more information.*

CHILD BEHAVIOR POLICY

I understand that my child may be restricted from certain activities during program hours if his/her behavior is deemed unacceptable by the site coordinator, director of programs and/or the Executive Director.

If my child is suspended from the program, I agree to pick up my child IMMEDIATELY upon notification by For Kids Only Afterschool, Inc. I understand that if I am not available to respond to request for immediate pick-up, For Kids Only Afterschool reserves the right to contact any of my emergency contacts or those persons able to pick up my child. For Kids Only Afterschool reserves the right to contact the local police department if the child's behavior is deemed at risk to him/herself or another person at the facility.

- *Please refer to your "Behavior Management Consent" in your parent handbook for more information.*

LATE PICK-UP POLICY (AFTER 6:00 P.M.)

For Kids Only has a strict late pick-up policy of \$1.00 per minute for every minute after 6:00pm or your scheduled dismissal time.

- *Please refer to your "Late Pick-Up Policy" in your parent handbook for more information.*

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- I have read the Parent Behavior Policy of For Kids Only Afterschool, Inc. and agree to its contents
 - I have read the Behavior Management Policy and agree to its contents
 - I understand that For Kids Only closes at 6:00 PM daily and agree to pay \$1.00 for every minute, after 6:00 PM or my child's scheduled dismissal time, that I pick up my child late.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

FINANCIAL POLICY AGREEMENT

Registration Fee/Two Week Tuition Deposit: A non-refundable **registration fee of \$50 AND 2 weeks tuition** is **required** at time of registration to secure your child's spot. You will not be able to register your child unless this payment is made at the time of sign-up.

Tuition Payment Schedule: Your weekly tuition is due every Monday or the 1st day your child attends during the week. No exceptions will be given on this policy. Any questions please call: 978-740-KIDS. ***IMPORTANT NOTE:*** Payments may be made in the form of cash, checks, money orders, credit card or account debits (savings/checking). Your Site Coordinator will accept checks and money orders. Cash, credit card and/or account debit payments must be made **directly** through the administrative office. For more information on credit cards and/or account debits, please call 978-740-KIDS.

Income Eligible Subsidies Slots/Vouchers/Scholarships

- As required by EEC, Child Care Choices of Boston, Child Care Circuit, and all internal/external scholarship programs, you are responsible to remain at a \$0 balance at all times. This includes your 2-week up front deposit at time of registration equal to the amount of your assessed weekly parent fee.
- For Kids Only Afterschool has the right to terminate your child from our program for the following reasons: failure to pay required fees, unexplained or excessive absences (more than 10 absences per month), failure to submit required documentation for reassessments.
- You are responsible to pay any additional fees that are offered as **OPTIONAL** (including, but not limited to pizza, field trip fees, swimming lessons, and special events).

***Your child can not attend until we have a copy of your voucher in hand. If your voucher/slot expires at any time and your child continues to attend FKO, you are responsible to pay the private contracted rate.**

Withdrawal: If you decide to withdraw your child from our program or reduce/increase/change the number of days attending, you **MUST give a two (2) weeks notice, in writing**, prior to the withdrawal date. If you do not give 2 weeks prior notice, in writing, you will be charged 2 weeks beyond when you did give your notice. *No exceptions will be made.*

Extra Days: Upon request and if space permits, your child may attend an additional day (at regular cost). Such attendance **MUST** be pre-arranged with the Site Coordinator and paid for that day.

Early Release Days: If an early release day falls on one of your contracted days, you will be charged an additional fee of \$10/day (whether your child is in attendance or not). For example, if your child is registered for Thursdays and there is an early release day on a Thursday, you will be charged an additional fee of \$10.00.

Field Trip/Special Events: If a special event or field trip by chartered bus is offered, you will be notified. *Field Trips and Special Events are OPTIONAL and are an additional fee.*

Sibling Discount Rate: For Kids Only offers a 20% off sibling discount for a second child of equal or less cost and 40% off for a third (or more) child of equal or less cost. Discounts do not pertain to additional fess (registration, extra days, half day fees, field trips, etc.)

Late Pick-Up Fee: If you unable to arrive on time, you **MUST** call so that both your child and the Site Coordinator can be prepared for the delay. If you are late in picking up your child(ren), you will be charged \$1.00 per minute that has accrued after 6:00pm. For example, if you pick your child up at 6:15, you will be charged \$15.00.

Returned Check Fees: A \$30.00 returned check fee will be charged to your account if a check is returned for insufficient funds.

Re-Enroll Fee: In the event you are terminated due to a past due balance, you are required to pay a \$50.00 re-enroll fee if you chose to re-register your child after your balance is paid in full.

I have read and understand the For Kids Only Afterschool Financial Policy Agreement.

Parent/Guardian Signature: _____ Date: _____

For Kids Only Afterschool

**FOR KIDS ONLY HAS A COMMITMENT TO FAMILY FRIENDLY SERVICE...
To keep our commitment we need your help throughout the year!**

For Kids Only Programs requests that you notify your site coordinator if your child is on an IEP during the school year or has conditions that require our special attention.

We believe that with this information we will have a clearer understanding of your child and will be able to better service your child in providing increased and improved supports that you need. Please let us know how we can accommodate you.

Please inform us if:

- Your child is on a special education plan during the school year. PLEASE make us aware of this and get us a copy of the plan. It is helpful for our staff to know what methods and strategies the school is using. It is also helpful if we are invited to your child's IEP meetings.
- Your child is on medication for anything- diabetes, ADD, ADHD, asthma, allergies, etc....
- You feel your child needs extra help or attention with socialization skills or behavior management.
- There are changes occurring in your child's life that may affect his/her attitude or behavior during program hours.
- Your family celebrates any special customs or cultural traditions.
- You are having a meeting with school teachers and would like us to attend. We can attend meetings only if you invite us.
- Your child is seeing a therapist.

If you have any questions, please see your program site coordinator.

***FKO Programs strive to build positive relationships with all our families...
Help us achieve this goal!***