

Warren-Prescott After School Program

2019-2020 School Year

We are pleased to offer an **After School Program** at our school for 3rd, 4th, 5th, & 6th Grade, which will run from 3:10 -4:00 pm. Monday through Friday, for the 2019-2020 School Year. (1:10 – 2:00 pm on Early Release Days)

(3AS=3rd Grade After School, 4AS=4th Grade After School, 5/6AS AS=5th & 6th Grade After School)

This After School Program is staffed by Warren Prescott Staff. The students will be in a classroom and will be expected to work on their homework. The intent of the program is to provide a quiet setting at the school, where students can work on their homework or read.

This is not a tutoring program.

At 4:00, you can pick up your child at the school or have them walked to the Charlestown Boys & Girls Club (B&G Club) by a WP Staff Member.

All students who are walked to the B&G Club at 4:00, must be Members of the B&G Club.

There is \$25.00 Annual Fee to join (paid to the Charlestown Boys & Girls Club). See ** below for more information.

THIS PROGRAM IS ON A FIRST COME, FIRST SERVE BASIS

The following options are available for the After School Program:

Full Time	5 days (Monday thru Friday)
Part Time I	3 days (Monday, Wednesday, Friday)
Part Time II	2 days (Tuesday & Thursday).

The Fee is \$8.00* Fee per Day for each Child in the Before School Program. – this Fee includes a contribution to the Warren-Prescott Foundation, 501(c)(3) nonprofit organization.

100% of the contribution is used to support Warren-Prescott School programs

Half Price Fee is \$4.00/day * if you Qualify for BPS Reduction under free or reduced lunch guidelines, pending approval.

* Subject to change

You will receive a request for payment approximately 1 month prior to each session.

Accepted Payments: Cash, Check, Money Order (made payable to “Warren-Prescott Foundation”)

There are 3 sessions and the payment schedule is arranged in the following installments:

- 1st Session: September-December (2 payments can be made)
- 2nd Session: January-March (1 payment)
- 3rd Session: April-June (1 payment)

There are no refunds of monies paid into the program, as funding is based on expected enrollment.

If you would like to sign up for the After School Program, please fill in the following

2 Page After School Registration Form and return to Lindy Williamson via email,

lindywilliamson@comcast.net, or drop it off in the Extended Day Box, which is located outside the Main Office.

**** For Club Membership & Program Information call 617-242-1775 as soon as possible.**

There is a waiting list for some age groups, so the sooner your register, the better chance you will have of becoming a Club Member by September 2019.

We cannot walk any students to the Club who are not Club Members.

Warren-Prescott After School Program

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AFTER SCHOOL REGISTRATION FORM Page 1 of 2

Child's Name: _____

Circle Program: 3AS (3rd) , 4AS (4th) 5AS (5th), 6AS (6th)

COST: \$8.00/day **

Circle Yes or No for all of the following questions:

Full Time Monday-Friday: Yes No

Part Time I Monday, Wednesday, Friday Yes No

Part Time II Tuesday & Thursday: Yes No

My child will be picked up at the school at 4:00 by Parent/Guardian: Yes No

My child will be walked down to the Boys & Girls Club at 4:00: Yes No

My child is a member of the Boys & Girls Club: Yes No

** Special Payment Requirements are requested based on BPS "free lunch"? Yes No

Copy of letter from BPS indicating qualification to be provided

Cost: \$4.00/Day Reduced Rate

CONTACT INFORMATION

Mother/Guardian:

Father/Guardian:

Address: _____

Address: _____

E-mail _____

E-mail _____

Home Phone ____ - ____ - _____

Home Phone ____ - ____ - _____

Cell Phone ____ - ____ - _____

Cell Phone ____ - ____ - _____

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Nanny/Babysitter _____ phone # ____ - ____ - _____

Emergency Contact _____ phone # ____ - ____ - _____

The best contact person and phone # to be used between 3:10 -4:00 : _____,
at ____ - ____ - _____.

Siblings _____

_____	_____	_____
name	grade	teacher
_____	_____	_____
name	grade	teacher
_____	_____	_____

The following persons are authorized to pick up my child from their after school program.

_____	_____	_____	_____
name	relationship to child	name	relationship to child
_____	_____	_____	_____
name	relationship to child	name	relationship to child
_____	_____	_____	_____
name	relationship to child	name	relationship to child

Medical Information

Allergies _____

Medications _____

Medical Conditions _____

We do not have a nurse available after regular school hours.

- I understand that if a serious medical emergency occurs after regular school hours, our staff will use the contact information provided to contact you and 911 will be called to provide medical assistance.**
- I understand that this is NOT a tutoring program and that the students are responsible for working on their homework or reading quietly during the class.**
- I have read the Policy Manual and agree to the Terms of the Policy Manual.**

Parent/Guardian Signature _____ **Date** _____