

Mendon-Upton Regional School District
150 North Avenue
Mendon, MA 01756
508-634-1585

After School Program
2010-2011

The Mendon-Upton Regional School District offers an After School Program at the Miscoe Hill School in Mendon. If you need to speak to someone directly regarding this program, please contact Lana Laczka at 508-634-1588 or via email at llaczka@mu-regional.k12.ma.us.

The After School Program will operate Monday through Friday starting at the dismissal of school through 6:00p.m. This program is offered for all children in Kindergarten through Grade 6. Please note that this program will not be open during school vacations, holidays, or during school cancellations. Students attending this program from Memorial Elementary School and Clough Elementary School will be bussed to Miscoe at the end of the school day.

The After School Program offers a fun, safe, enriching and well supervised environment for children of various ages. Children can utilize this time to begin homework assignments and enjoy a variety of activities which include sports, movies, board/computer games, arts & crafts, different parties throughout the year, and field trips, which will be taken on early release days. A snack will also be provided. All staff are CPR and First Aid Certified.

There is a minimum requirement of two days per week to enroll in this program. The yearly fee for this program is divided into 10 equal monthly payments, with your first month's payment due at the time of registration. The receipt of this payment will reserve a space for your child in the program. The additional nine payments will be due September 15, 2010 through May 15, 2011. A two week notification is required for any schedule changes, as well as a 30 day notification if you plan to withdraw your child from the program.

PLEASE NOTE: REGISTRATIONS RECEIVED AFTER AUGUST 13, 2010 WILL BE PLACED ON A WAIT LIST.

PAYMENT FEE SCHEDULE

	Number of Days Attending	Monthly Payment	Due Date
1.	Five (5) days per week	\$300.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
2.	Four (4) days per week	\$275.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
3.	Three (3) days per week	\$225.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
4.	Two (2) days per week	\$150.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)

Children must be picked up no later than 6:00p.m. There will be a charge of \$1.00 per minute after this time, due at the time of pick-up.

If you are seeking financial assistance for this program, please send your request in writing to:

Mary Sullivan Kelley
 Director of Pupil Personnel Services
 Mendon-Upton Regional School District
 150 North Avenue
 Mendon, MA 01756

MENDON-UPTON REGIONAL SCHOOL DISTRICT

After School Program
2010-2011

REGISTRATION FORM

PLEASE NOTE: REGISTRATIONS RECEIVED AFTER AUGUST 13, 2010 WILL BE PLACED ON A WAIT LIST.

Today's Date: _____

Name of Child: _____

Date of Birth: _____ Gender: _____

Grade: _____ School: Clough Memorial Miscoe

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____

Parent(s)/Guardian(s): _____

Address: _____ P.O. Box: _____

Town: _____

Email Address: _____

In order for this registration to be complete, you must include your first month's payment with this form.

Amount Enclosed: \$ _____ Start Date: _____

Days Attending:

Full Week

Or

Monday Tuesday Wednesday Thursday Friday

**Please note: A two week notification is required for any changes to this schedule, as well as a 30 day notification when withdrawing your child from the program.*

Checks can be made payable to the Mendon-Upton Regional School District (or "MURSD") and mailed to:
Mendon-Upton Regional School District
Attn: Laurie Arcudi
150 North Avenue
Mendon, MA 01756

**Please be sure to include your child's name and "After School Program" on your check.*

Emergency Contact and Medical Information

Mendon-Upton After School Program

Child's Name		Date of Birth	Child's weight	M F Sex
Parent(s)/Guardian(s) Name ()		Parent(s)/Guardian(s) Name ()	()	()
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternate Emergency Contacts

Primary Emergency Contact ()		Secondary Emergency Contact ()	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City/State/Zip		City/State/Zip	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent(s)/Guardian(s) Signature	Date
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