

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

Before School Program
2010-2011

The Mendon-Upton Regional School District offers a Before 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 Before School Program will operate Monday through Friday starting at 7:00a.m. 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/delays. Breakfast will not be served.

The students that attend this program have fun playing card games, using the playground, and making new friends. This time can also be used for students to work on homework assignments.

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.

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) mornings per week	\$140.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
2.	Four (4) mornings per week	\$112.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
3.	Three (3) mornings per week	\$84.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
4.	Two (2) mornings per week	\$56.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)
5.	One (1) morning per week	\$28.00	1 st payment due at registration (then monthly payments Sept. 15, 2010 through May 15, 2011)

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

Before 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 "Before School Program" on your check.**

Emergency Contact and Medical Information

Mendon-Upton Before School Program

M F
Sex

Child's Name

Date of Birth

Child's weight

Parent(s)/Guardian(s) Name

Parent(s)/Guardian(s) Name

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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

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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