



## MicroSociety After School Program

2019-2020

Dear Parent(s):

Welcome to the MACS After School Program!

Here are some important dates and timelines to be aware of:

May 30 - June 12: Applications accepted by Mail or Drop Off only (no email please)

July 31: Refunds, less registration fee, returned to families until 7/31

August 1: Registration fee and deposits are non-refundable from 8/1 forward

August 23: Registration Closes\*

September 3: First day of school and After School Program

**Please note: There will be NO After School Program on early release and teacher workshop days.**

We have limited space and cannot take more than **10 students** in the program. If you know you will need care in September, do NOT delay in registering or you may be put on a wait list. Part-time slots are LIMITED.

\* Registrations received after 8/23 may start the program on the second week of school, *if* there are openings.

**The following must be included in order for registration to be complete:**

- Completed Registration/Emergency and Pick-Up Authorization Forms
- Immunizations and physical dated within one year of start date of program (we must have on record at school)
- Registration fee of \$50 per family AND the first and last week's tuition payment deposit. We will retain a one week tuition payment that will be issued to pay for your final week of care.

You will receive a confirmation email that you are accepted into the program. If you do not receive an email within two weeks of submitting your application, please call 603-595-7877.

YOUR ENROLLMENT WILL BE DELAYED IF: 1) Your packet arrives incomplete, or 2) you have an outstanding balance. If there is a problem with your packet, we will call or email you. After the 3rd attempt at contacting you, if we still do not have a complete package, you will be unenrolled from the program. The program runs from 3:40 pm - 6:00 pm. For parents who are late for pick up, there will be a late fee charged. The late fee is due prior to the next day your child attends, or he/she will not be allowed to attend that day. **Late fee is \$1 for every minute late, payable that day upon pick up.**

## **After School Tuition Information**

Tuition payments are based on a total of 170 days of care. Payments are taken in full for every month you are registered for. If you are absent or school is not in session for any reason (vacation/illness/weather), you will not be reimbursed. Daily rate is \$20/day, with a discounted rate of \$85/wk for those enrolled five days a week. Your options are to pay in 9 equal monthly installments, or two equal installments, or payment in full (discounted rate).

*All families must pay a **non-refundable registration fee of \$50** in addition to the following:*

5 days/week 1st and last week deposit: \$170 (total of \$220)

4 days/week 1st and last week deposit: \$160 (total of \$210)

3 days/week 1st and last week deposit: \$120 (total of \$170)

2 days/week 1st and last week deposit: \$80 (total of \$130)

1days/week 1st and last week deposit: \$40 (total of \$90)

### **Payment options and pricing are as follows:**

**Remaining balance if paid in FULL no later than September 1st - (discounted rate, less the first and last week deposit):**

5 days/week - \$2645

4 days/week - \$2485

3 days/week- \$1845

2 days/week- \$1205

1 day/week - \$565

**Remaining balance if paid in 2 payments no later than September 1st and January 1st (less the first and last week deposit):**

5 days/week - \$1360 each installment

4 days/week - \$1280 each installment

3 days/week- \$960 each installment

2 days/week- \$640 each installment

1 day/week - \$320 each installment

**Monthly Payments - 9 payments due the 1st of each month (less the first and last week deposit). Due dates: Sept 1, Oct 1, Nov 1, Dec 1, Jan 1, Feb 1, March 1, April 1, May 1**

5 days/week - \$303 each installment

4 days/week - \$285 each installment

3 days/week- \$214 each installment

2 days/week- \$143 each installment

1 day/week - \$72 each installment

**Families sending more than one child to the program will receive a 10% tuition discount.**

**Please call the main office if you have any questions! 603-595-7877**

**Thank you,**

**Amy Bottomley  
Director**

**Susannah Williams  
Coordinator**

**MicroSociety Academy After School Program  
Registration/Emergency Form  
2018-2019**

**Child's Name:** \_\_\_\_\_ **Grade (for 2019-2020 school year):** \_\_\_\_\_

**After School Program Start Date:** \_\_\_\_\_

**Circle which applies:**

Full Time: 5 days/week, Monday-Friday    **OR**    Part Time (circle which days): M - T - W - Th - F

**Payment Type (circle your preference):**

Pay in Full

Two Payments

Monthly (9 payments)

**Parent(s) or Guardian(s) legally responsible for child:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Home # \_\_\_\_\_

Home #: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Dr. Name: \_\_\_\_\_

Child's Dr. Phone # \_\_\_\_\_

**PICK UP AUTHORIZATION:**

**Emergency contact (must be local) other than parent/guardian:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Additional Pick-up Authorization:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*Unauthorized to pick up:\* (Legal Documentation required if biological parent).**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Emergency Statement:**

I hereby give permission for the MACS After School Program Staff to give my child, \_\_\_\_\_, simple first aid when necessary or, in the event of a more serious accident, for my child to be transported to the hospital or other medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such a treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. Parents will be responsible for all costs incurred in such emergencies.

\_\_\_\_\_ Hospital Preference

\_\_\_\_\_ Signature of parent/guardian

\_\_\_\_\_ Date

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Epi Pen? \_\_\_\_\_

Treatment? \_\_\_\_\_

If it involves OTC (over the counter) medications like benadryl, parents must supply the medication in its original packaging to the main office before the start of the program.

I give permission to the MACS After School Care staff to give my child, \_\_\_\_\_, the following: \_\_\_\_\_

Dose administration instructions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_