



MicroSociety Before School Program 2019-2020

Dear Parent(s):

Welcome to the MACS Before School Program!

The Before School Program will begin on the first day of school, September 3, 2019.

Please note: There will be NO Before School Program on teacher workshop days when students are not in school.

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 your child may be put on a wait list. Part-time slots are LIMITED.

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

- Completed Registration and Emergency Forms (the two pages, at the end of this document)
- Immunizations and physical dated within one year of start date of program (we must have on record at school)
- Registration fee of \$30 per family AND the first and last week's tuition payment deposit. The \$30 registration fee will be waived if your child is also enrolled in the after school care program and has already paid that registration fee. In that case, you will only need to pay the first and last week's tuition as a deposit.

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, and we still do not have a complete package, you will be unenrolled from the program.

The program runs from 8:00 am - 9:00 am each school day. You may drop off your child at the back door (upper level) at 8:00 am.

Before School Tuition Information

Tuition payments are based on a total of 173 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 \$10/day. Your options are to pay in 9 equal monthly installments, or two equal installments, or payment in full (discounted rate). For additional information about refund and payment requirements, you can find the "Refunds and Delinquency of Payment Policy" at <http://www.macsnh.org/board-policies.html>.

All families must pay a non-refundable registration fee of \$30 in addition to the following:

5 days/week 1st and last week deposit: \$100 (total of \$130)

4 days/week 1st and last week deposit: \$80 (total of \$110)

3 days/week 1st and last week deposit: \$60 (total of \$90)

2 days/week 1st and last week deposit: \$40 (total of \$70)

1 day/week 1st and last week deposit: \$20 (total of \$50)

Payment options and pricing are as follows:

Remaining balance if paid in FULL no later than September 4th - (discounted rate, less the first and last week deposit):

5 days/week - \$1558

4 days/week - \$1246

3 days/week- \$935

2 days/week- \$623

1 day/week - \$312

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 - \$820 each installment

4 days/week - \$656 each installment

3 days/week- \$492 each installment

2 days/week- \$328 each installment

1 day/week - \$164 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 - \$183 each installment

4 days/week - \$146 each installment

3 days/week- \$110 each installment

2 days/week- \$73 each installment

1 day/week - \$37 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 Before School Program
Registration/Emergency Form
2019-2020**

Child's Name: _____ **Grade (for 2019-20 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. # _____

PICK UP AUTHORIZATION (in the event of child illness or other emergency):

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 Before School Care staff to give my child, _____,

the following: _____

Dose administration instructions: _____

Parent Signature: _____