



MicroSociety After School Program 2021-2022

Dear Parent/Guardian:

Welcome to the MACS After School Program! Here are some important dates and timelines to be aware of:

May 3 - June 10: 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 7: First day of school and After School Program

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

The After School Program will begin on the first day of school, September 7, 2021. **The program runs from 3:40 pm - 5:30 pm each school day.** You pick up your child at the back door (upper level) by 5:30 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.**

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

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

- Completed Registration/Emergency and Pick-Up Authorization Forms (included in this document)
- 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, your child will be unenrolled from the program.

After School Tuition Information

Tuition payments are based on a total of 168 days of care. Payments are taken in full for every month your child is registered for. There are no reimbursements if your child is absent or school is not in session for any reason (vacation, illness, weather). 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). For additional information about refund and payment requirements, you can read the ["Refunds and Delinquency of Payment Policy"](#) on our website.

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 - \$2552
4 days/week - \$2402
3 days/week- \$1802
2 days/week- \$1201
1 day/week - \$601

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 - \$1343 each installment
4 days/week - \$1264 each installment
3 days/week- \$948 each installment
2 days/week- \$632 each installment
1 day/week - \$316 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 - \$299 each installment
4 days/week - \$281 each installment
3 days/week- \$211 each installment
2 days/week- \$141 each installment
1 day/week - \$71 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
2021-2022**

Child's Name: _____ **Grade** (for 2021-2022 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 #: _____

Workplace: _____

Workplace: _____

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: _____