



## MicroSociety Before School Program

2021-2022

Dear Parent(s):

Welcome to the MACS Before 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 Before School Program

The Before School Program will begin on the first day of school, September 7, 2021. **The program runs from 8:00 am - 8:45 am each school day.** You may drop off your child at the back door (upper level) at 8:00 am. 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 Before School Program on teacher workshop days when students are not in school.**

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

- Completed Registration and Emergency 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 \$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, your child will be unenrolled from the program.

## **Before School Tuition Information**

Tuition payments are based on a total of 171 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). The daily program rate is \$10/day. Your options are to pay in 9 equal monthly installments, 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 \$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 - \$1530
- 4 days/week - \$1224
- 3 days/week- \$918
- 2 days/week- \$612
- 1 day/week - \$306

**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 - \$805 each installment
- 4 days/week - \$644 each installment
- 3 days/week- \$483 each installment
- 2 days/week- \$322 each installment
- 1 day/week - \$161 each installment

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

- 5 days/week - \$179 each installment
- 4 days/week - \$144 each installment
- 3 days/week- \$108 each installment
- 2 days/week- \$72 each installment
- 1 day/week - \$36 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  
2021-2022**

**Child's Name:** \_\_\_\_\_ **Grade (for 2021-22 school year):** \_\_\_\_\_

**Before 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. # \_\_\_\_\_

**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 Before 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: \_\_\_\_\_