



Northborough Extended Day Programs, Inc.

## **ATTENTION PARENTS/GUARDIANS**

Instructions for completing the NEDP 2019-2020 application form in the NEW fillable pdf format: Please open with Acrobat Reader and NOT in a web browser.

1. Type in all the information including checking the boxes on each page.
2. Print each page.
3. Original signatures and dates are required on each page.
4. Submit completed application and non-refundable registration fee to NEDP program sites or drop in/mail to:

NEDP Administrative Office  
63 Main St.  
Northborough, MA 01532

\*Your account must be up to date prior to submitting your application.



Northborough Extended Day Programs, Inc.

63 Main Street ~ Northborough, Massachusetts 01532

Phone (508) 393-7020 ~ Fax (508) 393-6711

[www.town.northborough.ma.us](http://www.town.northborough.ma.us)

## 2019 -2020 REGISTRATION PROCESS

The following guidelines pertain to the enrollment of your child/children in our Before and/or After School programs:

- ❖ Please complete and sign the attached NEDP Enrollment Application form.
- ❖ Enrollment for existing NEDP participants and siblings begins 8:00 AM, Monday April 1, 2019. (**All outstanding balances must be paid in full prior to submitting the application form**).
- ❖ Open enrollment for Kindergarten and new participants begins **8 AM Wednesday, May 1, 2019**.
- ❖ Applications are received and available spaces are filled on a first come, first served basis.

### **Registration Fee Schedule** (all registration fees are non-refundable)

<b>**Early Bird Registration</b> <b>After School Only &amp; Before/After Combined</b> (Before School ~ Peaslee & Lincoln ST) (For applications received by April 30, 2019) <b>\$30 per child</b>	<b>**Early Bird Registration</b> <b>Before School Only</b> <u>Lincoln Street &amp; Peaslee Schools</u> (For applications received by April 30, 2019) <b>\$15 per child</b>
<b>After School Only &amp; Before/After Combined</b> (Before School ~ Peaslee & Lincoln Street) (For applications beginning May 1, 2019) <b>\$40 per child</b>	<b>Before School Only</b> <u>Lincoln Street &amp; Peaslee Schools</u> (For applications beginning May 1, 2019) <b>\$20 per child</b>

**\*\*Early Bird Registration applies to current NEDP participants and their siblings.**

### ❖ **Tuition Information**

- Tuition payments are due on the first of the month beginning August 1, 2019 through May 1, 2020 (based on ten equal monthly payments).  
**PLEASE NOTE:** The payment due on August 1, 2019 will be a deposit held as your June 2020 payment.
- There is a 10% tuition discount on each additional sibling (does not apply to registration).
- Financial aid is available to families who demonstrate a financial need. Financial aid applications are available at the NEDP Administrative Office. NEDP also participates in the state voucher system.
- ❖ Make checks and online banking payable to: **NEDP, Inc. 63 Main St. Northborough, MA 01532**
- ❖ Application forms and the registration payment may be dropped off at the NEDP Administrative Office, located in the Family and Youth Services Office in the Northborough Town Offices building or mailed to: **NEDP, Inc. 63 Main Street, Northborough, MA 01532**

Please direct any further questions to Lois Kirk or Cindee Morin, Co – Executive Directors, at (508) 393-7020.

## 2019 – 2020 ~ NEDP Monthly Tuition Rates

Before School	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>1 Child</b>	<b>\$41</b>	<b>\$80</b>	<b>\$115</b>	<b>\$146</b>	<b>\$165</b>
<b>*2 Children</b>	<b>\$78</b>	<b>\$152</b>	<b>\$218</b>	<b>\$277</b>	<b>\$313</b>
<b>Drop-in</b>	<b>\$10 per day</b> (Your child must be registered prior to the first drop-in).				

After School	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
<b>1 Child</b>	<b>\$97</b>	<b>\$188</b>	<b>\$270</b>	<b>\$344</b>	<b>\$390</b>
<b>*2 Children</b>	<b>\$184</b>	<b>\$357</b>	<b>\$513</b>	<b>\$654</b>	<b>\$741</b>

NEDP reserves the right to adjust tuition rates.

**\*Includes 10% discount on each additional sibling.**

### **Tuition Payments**

- ❖ Payments are due on the first of the month from August 2019 through May 2020.
- ❖ The payment due on August 1, 2019 will be a deposit held as your June 2020 payment.
- ❖ The tuition per month reflects 180 school days, prorated into 10 equal monthly payments.

### **Additional Fees**

- ❖ \$25.00 per day for an extra day request. (24 hour advanced notice is required).
- ❖ \$25.00 per day for the three half days for parent teacher conferences. (This includes the extra 3 hours of child care plus the cost of activities).
- ❖ \$260.00/4 days per week ~ \$130.00/2 days per week for February & April vacation weeks (Tues – Fri.) and requires a separate sign-up. (there is a 10% discount on each additional sibling)



Northborough Extended Day Programs, Inc.

## Enrollment Application 2019- 2020

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Reg. Fee: \_\_\_\_\_ Check # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Original Date of Admission: \_\_\_\_\_  
Start Date: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade as of September 2019: \_\_\_\_\_

Program	Monday	Tuesday	Wednesday	Thursday	Friday	Drop-in
<b>*Before School</b> (7:00 – 8:30 AM)						
<b>After School</b> (School release time until 6:00 PM)						<b>Not Available</b>

**\*Before School programs are presently available at Lincoln Street and Peaslee Schools. If enrollment numbers warrant the opening of programs at Proctor and Zeh Schools, parents will be notified.**

### Withdrawal/Reduction of Days

I understand that if I need to withdraw or reduce the days my child attends NEDP, a “**Schedule Change Request**” form must be received on or before the first day of the month to be effective on the first day of the following month. **Failure to provide the proper one month's notice will mean you are financially responsible for your original payment for that given month.** For example, if you are withdrawing on December 1, 2019, NEDP Administration Office must receive your schedule change request by November 1, 2019.

**Please note:** Parents/Guardians **withdrawing** from the program after November 1, 2019 will forfeit the entire June 2020 deposit. Parents/Guardians who **reduce** days after November 1, 2019 will forfeit a portion of the June 2020 deposit.

As parent or guardian of the above named participant, I hereby give consent and approval for his/her participation in the NEDP. I hereby waive, release, and forever discharge NEDP, it's Co- Executive Directors, board members, officers, employees and instructors from any and all claims and demands arising out of any and all personal injuries, damages, expenses and loss or damage whatsoever, resulting directly or indirectly therefrom.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please direct any questions or concerns to Lois Kirk or Cindee Morin, Co-Executive Directors, at (508) 393-7020.

**For Office Use Only** ( \_\_\_\_/\_\_\_\_/\_\_\_\_ )( \_\_\_\_\_ )

# 2019 - 2020 NEDP ~ ENROLLMENT FORM

## Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's home address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Home phone number: \_\_\_\_\_ Primary language: \_\_\_\_\_  
 Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin color: \_\_\_\_\_ Gender: ☐ M or ☐ F  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

**Please check the box below of the Parent/Guardian to be called first:**

### Parent/Guardian Information

☐

### Parent/Guardian Information

☐

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Primary language: _____	Primary language: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Cell phone #: _____	Cell phone #: _____
Work phone #: _____	Work phone #: _____
Employer: _____	Employer: _____
Employer address: _____	Employer address: _____
City/St/Zip: _____	City/St/Zip: _____
Occupation: _____	Occupation: _____
Hours at work: _____	Hours at work: _____
Email: _____	Email: _____

All parent/guardian's cell phone #'s and email addresses will be added to our One Call Now system to inform parents of emergency closings and/or other important program information.

Both email addresses will be used for sending monthly invoices and program information unless otherwise indicated. We will not share your address with any other party. ☐ **I prefer to have my invoice mailed.**

Are both parents allowed to pick up at any time? ☐ yes ☐ no  
 (If no, the custodial parent must provide a court order defining the arrangements.)

Are there any stepparents who are allowed to pick up? ☐ yes ☐ no \_\_\_\_\_  
Name

**For Office Use Only** ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )( \_\_\_\_\_ )

## 2019 - 2020 NEDP ~ TRANSPORTATION PLAN

Below is the NEDP policy for arrival to and departure from the program site. Any variation to this policy requires a Co-Executive Director's approval and written authorization must be maintained in the child's file.

Please check the program(s) your child attends and sign the form at the bottom.

☐ **Before School Program**

- Children arrive at NEDP by Parent/Guardian drop off. Children must be escorted into the program and signed in by the parent/guardian.
- The NEDP educator will release the children to the school faculty at the start of school each day.

☐ **After School Program**

- NEDP children in grades 1 – 5 are dismissed by their classroom teachers and walk unsupervised to the cafeteria at each program site. Kindergarten children may be escorted to the cafeteria by (1) the NEDP educator, (2) school personnel or (3) unsupervised. A NEDP educator will greet them at the door and check them into the program.
- Children are picked up from the program by a parent/guardian or other designated person by 6:00 p.m. and must be signed out.

**Field Trips:**

- A public school bus will be rented through a local bus company for any planned field trips. The bus is equipped with radio communication to the bus company's office. In the event of an emergency, the bus driver will notify the NEDP educator in charge, who will then notify the NEDP Administrative Staff. They will assess the situation and proceed with the appropriate plan of action to transport the children safely back to their program sites.
- In the event of a medical emergency, a NEDP educator will call emergency responders to assess and/or transport the child to the hospital and notify the parent/guardian of the situation. The other educators and children will remain at the trip site and will be transported back to the program site by the school bus.

**Important Reminders:**

- Parents must inform their child's teacher which days their child will be attending Extended Day. The School will not allow your child to come to NEDP without your consent.
- Any **absences** or **changes** to your child's schedule must be communicated to **both** your child's school **and** NEDP. **It is not the responsibility of the school office or the teacher to communicate absences or changes to NEDP.**

I authorize my child, \_\_\_\_\_, to arrive and depart from NEDP in the manner described above.

I understand that any changes or variations to this policy require written parental consent and Co-Executive Director approval.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only** ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) ( \_\_\_\_\_ )

## 2019 - 2020 NEDP ~ EMERGENCY CONTACTS & OTHER AUTHORIZATIONS

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Emergency Contact and Authorized Pick-up List** (Other than parent/guardian)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes No  
Do you give permission for your child to be released to this person? Yes No

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes No  
Do you give permission for your child to be released to this person? Yes No

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Day time phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_  
Should this person be contacted in the event of an emergency? Yes No  
Do you give permission for your child to be released to this person? Yes No

### **Communication with School**

A child's classroom teacher and the school counselor can be great sources of information about your child's needs and his/her ability to have a successful "whole school" experience. I give permission for any NEDP educator/Co-Executive Directors to discuss my child's progress with school personnel (principal, classroom teacher, nurse, and other school support services).

☐yes ☐no

### **Photograph Consent** (please check appropriate box)

- ☐ My child has permission to be photographed at NEDP, by educators and members of the press, for the purpose of publicity, including publications and websites.
- ☐ My child has permission to be photographed by NEDP educators for internal program use only, and not by the press for publicity purposes.
- ☐ My child may not be photographed at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only** ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )( \_\_\_\_\_ )

## 2019 - 2020 NEDP ~ FIRST AID & MEDICAL CONSENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health History

Child's allergies: \_\_\_\_\_ ☐ None

- Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

\*Chronic health conditions: \_\_\_\_\_ ☐ None

*\*If indicated, parents/guardians will be notified of the EEC required documents prior to enrollment.*

Special diet/food restrictions: \_\_\_\_\_ ☐ None

Special limitations or concerns: \_\_\_\_\_ ☐ None

Behavioral/emotional concerns: \_\_\_\_\_ ☐ None

Regular medications: \_\_\_\_\_ ☐ None

Possible side effects: \_\_\_\_\_

### Physician/Insurance Information

Child's physician name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Health insurance coverage: \_\_\_\_\_

Policy #: \_\_\_\_\_

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. If no, please provide a copy of your child's immunization history and record of a physical exam within the last 12 months.

☐yes ☐no Name of School: \_\_\_\_\_

I authorize NEDP educators, who are trained in the basics of First Aid/CPR, to give my child First Aid/CPR when appropriate.

☐yes ☐no

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

☐yes ☐no

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# NEDP 2019 – 2020

## EMERGENCY CARD INFORMATION

NEDP staff will carry this form when not at the program site.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

### **INSTRUCTIONS TO REACH PARENT/GUARDIAN**

1. \_\_\_\_\_  
(Name/Address)  
\_\_\_\_\_  
(Work Phone) (Cell Phone)
2. \_\_\_\_\_  
(Name/ Address)  
\_\_\_\_\_  
(Work Phone) (Cell Phone)

### **Name of Pediatrician and/or source of health care:**

\_\_\_\_\_  
(Doctor's Name/ Address) (Phone Number)

### **EMERGENCY CONTACT PERSONS**

(other than parent/guardian, need at least 2)

1. \_\_\_\_\_  
(Name/Address) (Relationship) (Phone Number)
2. \_\_\_\_\_  
(Name/Address) (Relationship) (Phone Number)

### **ALLERGIES, CHRONIC HEALTH CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_

### **INSURANCE INFORMATION: (optional)**

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### **MEDICAL EMERGENCY TREATMENT**

I hereby give NEDP permission to administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)

and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date