



## Extended Day Program 2016-2017 Enrollment Form

The Extended Day Program for the 2016-2017 Academic Year will be managed by the teachers of Lowell Collegiate. Students are expected to follow the same code of conducts just like in the regular classroom setting, and follow the same disciplinary procedures.

Daily After School Program Daily Schedule:

1. 4:00 – 4:20 Snacks
2. 4:20 – 5:00 Homework
3. 5:00 – 6:00 Board games/Arts & Crafts/Reading

Time: Before School: 7:00 a.m. – 8:30 a.m.  
After School: 4:00 p.m. – 6:00 p.m.

**A \$1.00 per minute fee will be charged for late pick-up beginning at 6:00 p.m.**

**Fee: There will be a onetime \$25 Application Fee per household.**

- Option #1** \$50 per week for 1 student (both **Before & After** School)  
\$60 per week for 2 students (both **Before & After** School)  
\$70 per week for 3 students or more (both **Before & After** School)
- Option #2** \$30 per week for 1 student (**Before** School only)  
\$40 per week for 2 students (**Before** School only)  
\$50 per week for 3 students or more (**Before** School only)
- Option #3** \$40 per week for 1 student (**After** School only)  
\$50 per week for 2 students (**After** School only)  
\$60 per week for 3 or more students (**After** School only)

**Payment will be due Friday BEFORE the week of attendance. Cash, check, or money order will be accepted – payable to: Lowell Collegiate Charter School.**

**Note:**

- Extended Day Program will not run on holidays, during school vacations, or snow days
- Snacks will be provided for the after school program students



# Extended Day Program Enrollment Form 2016-2017

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please complete **ONE** application per student.

Place an "x" in each box for which you are registering.

Before School		After School	
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We need at least two emergency contacts/authorized pickups.

**Emergency Contact/authorized Pick-up Person #1:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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

**Emergency Contact/authorized Pick-up Person #2:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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

**Emergency Contact/authorized Pick-up Person #3:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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



## Extended Day Program Agreement 2016 – 2017

I have read and understand the rules and regulations for acceptance into the Extended Day Program. I understand that violation of rules will result in suspension or possible termination of services. I understand that adults must show identification for verifying authorization to pick up students, and they must sign their name in the Daily Sign-out Sheet in the main lobby at the front desk. If I have an additional unapproved adult to pick up my child, I will send a note with my child to inform the school in advance and I will also need identification (license, MA ID, or passport) to match the name on the note.

- ✓ I understand that my child cannot be dropped off earlier than 7:00 am for before school program.
- ✓ I understand that my child must be picked up no later than 6:00 pm for after school program.
- ✓ If I am late, I understand that I am in violation of the rules and regulations of the program which may result in suspension or possible termination from the program. I agree to pay all fees incurred based on the late fee policy (\$1.00 per minute starting at 6:00 pm at the time of pickup).
- ✓ I agree to pay all fees associated with these programs according to the policy that had set forth. I understand that, if I don't pay the said fee, my child will be removed from the program and will not allowed back in our program until such payments are received by the school.
- ✓ Early termination from program must be put in writing to the Program Coordinator (Vannak Theng-Sanders) at least two weeks in advance.

Please complete below to ensure that you understand and agree to the above statements before your child can begin the program.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(Please print and sign)