

**2018-2019 SATELLITE / GALAXY
SCHOOL AGED CHILDCARE PROGRAM
BEFORE & AFTER SCHOOL**

The Auburn Public Schools will again operate the Satellite and Galaxy Before and After School Programs for the 2018-2019 school year. These programs will provide quality care and supervised homework/extended learning activities for children both before and after school. Registration for these programs is open through August 17, 2018 to ensure that ample staff are in place to provide supervision.

Program Outline

- Provide child care in a safe and healthy environment
- Meet Department of Early Education & Care (EEC) standards
- Staffed by qualified child care providers
- Provide a rich variety of indoor and outdoor activities, designed to enhance the child's social, physical and intellectual development
- Provide supervised homework/extended learning activities



Our Before School program will operate from 7:00 a.m. to the start of the school day at our Bryn Mawr, Pakachoag and Swanson Road Intermediate Schools.

Our After School program will operate from the end of the school day to 6:00 p.m. daily at our Bryn Mawr, Pakachoag and Swanson Road Intermediate Schools.

Registration is \$25 per program (\$10 per program for second child per program). This is a non-refundable deposit. There will be a \$1.00 per minute late fee charged for any student not picked up from the after school program by 6:00 p.m.

A payment schedule for the year will be e-mailed to you upon registration. Please note that the first payment for August/September will be due by Monday, August 13, 2018. Future payments will be due by the 25th of the prior month (e.g. October's tuition will be due by September 25th). A reminder e-mail will be sent; however, unlike in the past, monthly invoices will not be sent out so be sure to keep your payment schedule in a safe and convenient place for reference each month.

All payments can be mailed to the Satellite/Galaxy Program, Auburn Public Schools at 5 West Street, Auburn. You can also send payment in with your child in an envelope labeled Satellite or Galaxy and a staff member will forward your payment over to our West Street office. Any payments made in cash must be made at our West Street office. **If paying by check, please be sure to identify your child's (children's) name and program attending in the memo section of your check. This is very important to ensure your payments are applied correctly.**

You also have the option to pay on-line through Uni-Pay Gold. To access this form of payment, please visit www.auburn.k12.ma.us. Once at the Homepage, please scroll down and select the "Uni-Pay Gold" link. Clicking on it will bring you to Auburn's page. Click on the "Before and After School" link, where you will be asked to fill out the amount you are paying, the names of each of the children you are paying for, and the required information of the parent or guardian. Notification of your payment is automatically sent to Mrs. Zautner at Central Office. The Superintendent's Office also has a kiosk that will allow a parent or guardian to sign on and make a payment immediately at that location.



PAYMENT SCHEDULE

2018-2019 SCHOOL YEAR

BEFORE SCHOOL MONTHLY PAYMENT SCHEDULE (1.5 hours per day)

Month	5 Days	Sibling Discount	4 Days	Sibling Discount	3 Days	Sibling Discount	2 Days	Sibling Discount	1 Day	Sibling Discount
	OPTION A		OPTION B		OPTION C		OPTION D		OPTION E	
September	\$84.00	\$42.00	\$67.00	\$33.50	\$50.00	\$25.00	\$34.00	\$17.00	\$17.00	\$8.50
October	\$88.00	\$44.00	\$70.00	\$35.00	\$53.00	\$26.50	\$35.00	\$17.50	\$17.50	\$8.75
November	\$76.00	\$38.00	\$61.00	\$30.50	\$46.00	\$23.00	\$31.00	\$15.50	\$15.50	\$7.75
December	\$62.00	\$31.00	\$50.00	\$25.00	\$38.00	\$19.00	\$25.00	\$12.50	\$12.50	\$6.25
January	\$84.00	\$42.00	\$67.00	\$33.50	\$50.00	\$25.00	\$34.00	\$17.00	\$17.00	\$8.50
February	\$76.00	\$38.00	\$61.00	\$30.50	\$46.00	\$23.00	\$31.00	\$15.50	\$15.50	\$7.75
March	\$84.00	\$42.00	\$67.00	\$33.50	\$50.00	\$25.00	\$34.00	\$17.00	\$17.00	\$8.50
April	\$68.00	\$34.00	\$54.00	\$27.00	\$41.00	\$20.50	\$27.00	\$13.50	\$13.50	\$6.75
May	\$88.00	\$44.00	\$70.00	\$35.00	\$52.00	\$26.00	\$35.00	\$17.50	\$17.50	\$8.75
June	\$28.00	\$14.00	\$22.00	\$11.00	\$17.00	\$8.50	\$11.00	\$5.50	\$5.50	\$2.75
TOTALS	\$738.00	\$369.00	\$589.00	\$294.50	\$443.00	\$221.50	\$267.00	\$151.50	\$151.50	\$75.75

AFTER SCHOOL MONTHLY PAYMENT SCHEDULE (up to 3 hours per day)

Month	5 Days	Sibling Discount	4 Days	Sibling Discount	3 Days	Sibling Discount	2 Days	Sibling Discount	1 Day	Sibling Discount
	OPTION A		OPTION B		OPTION C		OPTION D		OPTION E	
September	\$240.00	\$120.00	\$190.00	\$95.00	\$144.00	\$72.00	\$96.00	\$48.00	\$48.00	\$24.00
October	\$260.00	\$130.00	\$208.00	\$104.00	\$156.00	\$78.00	\$104.00	\$52.00	\$52.00	\$26.00
November	\$220.00	\$110.00	\$176.00	\$88.00	\$132.00	\$66.00	\$88.00	\$44.00	\$44.00	\$22.00
December	\$175.00	\$87.50	\$140.00	\$70.00	\$105.00	\$52.50	\$70.00	\$35.00	\$35.00	\$17.50
January	\$250.00	\$125.00	\$200.00	\$100.00	\$150.00	\$75.00	\$100.00	\$50.00	\$50.00	\$25.00
February	\$210.00	\$105.00	\$168.00	\$84.00	\$126.00	\$63.00	\$84.00	\$42.00	\$42.00	\$21.00
March	\$250.00	\$125.00	\$200.00	\$100.00	\$150.00	\$75.00	\$100.00	\$50.00	\$50.00	\$25.00
April	\$200.00	\$100.00	\$160.00	\$80.00	\$120.00	\$60.00	\$80.00	\$40.00	\$40.00	\$20.00
May	\$260.00	\$130.00	\$208.00	\$104.00	\$156.00	\$78.00	\$104.00	\$52.00	\$52.00	\$26.00
June	\$75.00	\$37.50	\$60.00	\$30.00	\$45.00	\$22.50	\$30.00	\$15.00	\$15.00	\$7.50
TOTALS	\$2140.00	\$1070.00	\$1710.00	\$855.00	\$1284.00	\$642.00	\$856.00	\$428.00	\$428.00	\$214.00

We understand that you may need to add an additional day from time to time. If you need to do so, *please contact the principal of your child's school for prior approval*. This is to ensure there is the appropriate coverage for your child to attend on a non-scheduled day. Please note there will be an additional charge of \$5.00 per day for the Before School Program and \$15.00 per day for the After School Program.

We thank you for selecting our Satellite or Galaxy Program for your child. We hope you and your child find the program to be fun and enriching.

SATELLITE/GALAXY BEFORE/AFTER SCHOOL PROGRAM
SCHOOL AGE CHILD CARE
REGISTRATION FORM FOR 2018-2019

CHILD'S NAME: _____ SCHOOL: _____

DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

PARENT/GUARDIAN:

PARENT _____ PARENT _____

WORK #s: _____

Cell #s: _____

Preferred E-mail Address: _____

Place of Employment: PARENT _____ PARENT _____

Siblings in Program: _____

Please state any known allergies/medicines: _____

Are there any medications that need to be dispensed? _____

Hours of Operation

Before School:

7:00 a.m. – start of the school day

(Please check one)

- OPTION A (5 Days) Monday through Friday
- OPTION B (4 Days) _____ List days needed
- OPTION C (3 Days) _____ List days needed
- OPTION D (2 Days) _____ List days needed
- OPTION E (1 Day) _____ List day needed

After School:

End of the school day to 6:00 p.m.

(Please check one)

- OPTION A (5 Days) Monday through Friday
- OPTION B (4 Days) _____ List days needed
- OPTION C (3 Days) _____ List days needed
- OPTION D (2 Days) _____ List days needed
- OPTION E (1 Day) _____ List day needed

***** The tuition for the first month is due on Monday, August 13th for the 2018-2019 school year.*****

For more information, please feel free to contact the Auburn Public Schools' Central Office at 508-832-7755.

**Auburn Satellite/Galaxy
School Age Child Care
Emergency Form**

Student Information

Student's Name:

Home Phone:

Home Address:

Doctor:

Doctor Phone:

Guardian Information

Parent/Guardian:

Parent/Guardian Business Address:

Cell Phone (Mother):

Business Phone (Mother):

Parent/Guardian Business Address:

Cell Phone (Father):

Business Phone (Father):

Person to call in an emergency:

Emergency Contact 1 Name:

Emergency Contact 1 Phone:

Emergency Contact 2 Name:

Emergency Contact 2 Phone:

Emergency Contact 3 Name:

Emergency Contact 3 Phone:

Designee For Pick Up Of My Child

Designee 1 Name:

Phone:

Designee 1 Address:

Password:

Designee 2 Name:

Phone:

Designee 2 Address:

Password:

Designee 3 Name:

Phone:

Designee 3 Address:

Password:

In case of an emergency, I expect the Auburn Satellite/Galaxy Program to make every effort to reach me. If I cannot be reached, my child should be taken to _____ or the nearest hospital, and he/she may receive necessary medical treatment.

Signed: _____

Date: _____