



AUBURN INTEGRATED PRESCHOOL

EXTENDED DAY PROGRAM 2018-2019

The Auburn Public Schools will again operate the Before and After School Programs for the **2018-2019** school year for the Preschool. These programs will provide quality care and supervised extended learning activities for preschool children both before and after school.

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 extended learning activities

Our Before School program will operate from 7:00 to 9:15 a.m.

Our After School program will operate from the end of the school day until 4:00 p.m.

Registration is \$25 per program (\$10 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 4:00 p.m.

A monthly statement will be mailed to you for payment. Your first payment will be due on Friday, August 24, 2018. Payments thereafter will be due by the first of each month along with tuition payments. **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.**

All payments can be mailed to the Mrs. Kate Flynn, Auburn Public Schools at 5 West Street, Auburn. Any payments made in cash must be made at our West Street office.



BEFORE/AFTER SCHOOL PROGRAM

**PRESCHOOL
REGISTRATION FORM**

CHILD'S NAME: _____ SCHOOL: _____

DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

PARENT/GUARDIAN:

FATHER _____ MOTHER _____

WORK #s: FATHER _____ MOTHER _____

Cell #s: FATHER _____ MOTHER _____

Place of Employment: FATHER _____ MOTHER _____

Siblings in Program: _____

Please state any known allergies/medicines: _____

Are there any medications that need to be dispensed? _____

Hours of Operation

Before School:

(Please check one)

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

After School:

(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 days needed

***** The tuition for the first month is due on Friday, August 24, 2018 for the 2018-2019 school year.*****

For more information, please feel free to contact the Auburn Public Schools' Director of Pupil Services Office at 508-832-7752.

PAYMENT SCHEDULE

PRESCHOOL

2018-2019 SCHOOL YEAR

BEFORE SCHOOL MONTHLY PAYMENT SCHEDULE (2.25 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	\$141.75	\$70.90	\$113.40	\$56.70	\$85.05	\$42.50	\$56.70	\$28.35	\$28.35	\$14.20
October	\$148.50	\$74.25	\$118.80	\$59.40	\$89.10	\$44.55	\$59.40	\$29.70	\$29.70	\$14.85
November	\$131.40	\$65.70	\$105.10	\$52.55	\$78.85	\$39.40	\$52.60	\$26.30	\$26.30	\$13.15
December	\$104.40	\$52.20	\$83.50	\$41.75	\$62.65	\$31.30	\$41.80	\$20.90	\$20.90	\$10.45
January	\$141.75	\$70.90	\$113.40	\$56.70	\$85.05	\$42.50	\$56.70	\$28.35	\$28.35	\$14.20
February	\$104.40	\$52.20	\$83.50	\$41.75	\$62.65	\$31.30	\$41.80	\$20.90	\$20.90	\$10.45
March	\$135.75	\$67.90	\$108.60	\$54.30	\$81.45	\$40.70	\$54.30	\$27.15	\$27.15	\$13.10
April	\$118.30	\$59.15	\$94.65	\$47.30	\$71.00	\$35.50	\$47.30	\$23.65	\$23.65	\$11.87
May	\$148.50	\$74.25	\$118.80	\$59.40	\$89.10	\$44.55	\$59.40	\$29.70	\$29.70	\$14.85
June	\$37.00	\$18.50	\$29.40	\$14.70	\$22.00	\$11.00	\$14.70	\$7.35	\$7.40	\$3.70
TOTALS	\$1,211.75	\$605.95	\$969.15	\$484.55	\$726.90	\$363.30	\$484.70	\$242.35	\$242.40	\$120.82

AFTER SCHOOL MONTHLY PAYMENT SCHEDULE (1.25 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	\$78.75	\$39.40	\$63.00	\$31.50	\$47.25	\$23.65	\$31.50	\$15.75	\$15.75	\$7.90
October	\$82.50	\$41.25	\$66.00	\$33.00	\$49.50	\$24.75	\$33.00	\$16.50	\$16.50	\$8.25
November	\$70.90	\$35.45	\$56.70	\$28.35	\$42.50	\$21.25	\$28.40	\$14.20	\$14.20	\$7.10
December	\$57.75	\$28.90	\$46.20	\$23.10	\$34.65	\$17.35	\$23.10	\$11.55	\$11.55	\$5.80
January	\$78.75	\$39.40	\$63.00	\$31.50	\$47.25	\$23.65	\$31.50	\$15.75	\$15.75	\$7.90
February	\$70.90	\$35.45	\$56.70	\$28.35	\$42.50	\$21.25	\$28.40	\$14.20	\$14.20	\$7.10
March	\$75.00	\$37.50	\$60.00	\$30.00	\$45.00	\$22.50	\$30.00	\$15.00	\$15.00	\$7.50
April	\$65.60	\$32.80	\$52.50	\$26.25	\$39.40	\$19.70	\$26.20	\$13.10	\$13.10	\$6.55
May	\$82.50	\$41.25	\$74.00	\$37.00	\$55.50	\$27.75	\$37.00	\$18.50	\$18.50	\$9.25
June	\$20.50	\$10.25	\$16.50	\$8.25	\$12.50	\$6.25	\$8.00	\$4.00	\$4.00	\$2.00
TOTALS	\$683.15	\$341.65	\$554.60	\$277.30	\$416.05	\$208.10	\$277.10	\$138.55	\$138.55	\$69.35

We understand that you may need to add an additional day from time to time. If you need to do so, please contact Mrs. Beth Chamberland (508-832-7733) or Mrs. Jennifer Stanick (508-832-7788) for prior approval. This is to ensure there is appropriate coverage for your child to attend on a non-scheduled day. **Please note there will be an additional charge of \$7.00 per day for the Before School Program and \$5.00 per day for the After School Program.**

We thank you for selecting our Before and/or After School Preschool Program for your child. We hope you and your child find the program to be fun and enriching.

Auburn Preschool Before and After School 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/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: _____