

CHAMPS 2009-2010 REGISTRATION

Continued Hours at Mansfield Public Schools
255 East Street
Mansfield, MA 02048
508-261-7539

Welcome to CHAMPS for the 2009-2010 School Year. Registration is now open for grades 1 through 5, and for our Kindergarten CHAMPS Program. Please complete one set of forms for each child enrolled in the program. This applies to new and returning students. Leave teacher and bus information blank if unknown. A \$40.00 non-refundable registration fee is required for each child in order to secure his/her spot in the program.

CHAMPS is pleased to announce that there is no price increase for the 2009-2010 school year!

Special September Enrollment Information:

- *For a September 2009 start date, completed registration forms, registration fee and finalized schedule must be received in the CHAMPS Office by Friday, August 14th. Registrations received after this date will have a start date of October 1st.*
- *Registrations received after July 15, 2009 will be charged a \$10.00 late fee in addition to the \$40.00 Registration Fee.*
- *The opening of CHAMPS for the 2009-2010 school year will coordinate with the Mansfield School Calendar, which will be announced by the School Department in the spring.*

- ☆ Beginning October 1, 2009, enrollment is accepted at any time during the school year. At least one week's notice must be provided prior to your child's start date. Registration forms, a \$40.00 registration fee, and first month's tuition must be received in the CHAMPS office prior to your child's start date.
- ☆ C.H.A.M.P.S. is open on early release days, school vacations, snow delays, and some school holidays. Registration forms, along with the additional fee for these days, will be made available at each site as they arise. Detailed information regarding weather related delays will be available in October.
- ☆ Any alteration to your contracted schedule must be made in writing to C.H.A.M.P.S. and requires a two-week notice.
- ☆ Parents are responsible for notifying their child's teacher in writing with their C.H.A.M.P.S. schedule.
- ☆ Payments are due on the first of each month. A \$10.00 late fee will be charged for payments not received by the 5th of the month. Checks should be mailed to the above address. Do not send checks in your child's backpack. Please read the attached late fee policy carefully. Checks should be made payable to CHAMPS. Families with 2 or more children enrolled in the program will receive a \$1.00 per school day sibling discount.
- ☆ Once your registration form has been received and processed, you will receive an individualized statement detailing your monthly payments. Payment is due for all contracted days. There are no credits or refunds for any unused days and/or hours (sick days, personal vacations, snow cancellations, snow delays, etc.). Periodically switching days is not permitted.

see reverse side for pricing information

C.H.A.M.P.S. 2009–2010 FEES

☆ **Robinson & Jordan Jackson Before & After School Weekly Fees:**

	2 Days	3 Days	4 Days	5 Days
AM Only	\$45	\$50	\$55	\$60
PM Only	\$70	\$80	\$90	\$100
AM & PM	\$85	\$100	\$115	\$130

*AM Care: 7:00 to 9:00, Robinson or 7:00 to 8:15, JJ
PM Care: 3:10 to 6:00, Robinson or 2:25 to 6:00, JJ*

☆ **Kindergarten Extended Day Weekly Fees (9:00 to 12:40 or 11:30 to 3:10):**

2 Days	3 Days	4 Days	5 Days
\$75	\$100	\$125	\$150

Please note that for Kindergarten children, depending on the schedule needed, your weekly fee may be a combination of the Kindergarten and the Robinson weekly fees.

☆ **Vacation Fees for all grades**

2 Days	3 Days	4 Days	5 Days
\$95	\$115	\$135	\$155

Vacation Hours: 7am to 6pm

☆ **Special “As-Needed” Schedule Fees**

CHAMPS realizes that many families have unique schedules that require varied child care. Therefore, we are pleased to offer flexible scheduling for those families who need child care for specific days of the school year. We welcome you to contact our office to discuss your specific situation and which program is best suited for you. Please note that this is *not* a “drop-off “ service, and that children must be registered in the program in order to be eligible.

The following daily fees *may* apply:

AM Rate, 7:00 – 8:15/9:00	\$20.00 per day
PM Rate, 2:25/3:10 – 6pm	\$35.00 per day
Early Release, Early Dismissal through 6:00pm	\$49.50 per day
Early Release, Early Dismissal through 2:25/3:10pm	\$22.00 per day
Vacation Days	see above
Snow Delays	\$6.00 per hour

Reminder: Switching days is not permitted. If you need to add a day in a given week, the above fees apply.

Tuition assistance is available for those families who meet the state income guidelines.
Please contact our office to request an application or discuss this further.

CHAMPS REGISTRATION 2009 – 2010

Child's Name _____
Address _____
City, State, Zip Mansfield, MA 02048
Home Phone # _____
Date of Birth _____ Grade/Fall 2009 _____
New to CHAMPS _____ Returning to CHAMPS _____
Teacher Fall '09 _____ Bus #: _____ Walker _____
Start Date _____

CONTRACTED SCHEDULE – please check the program, days & hours needed:

() Kindergarten C.H.A.M.P.S.

9:10 am -12:30 pm () Monday () Tuesday () Wednesday () Thursday () Friday

11:30 am - 3:10 pm () Monday () Tuesday () Wednesday () Thursday () Friday

() Robinson C.H.A.M.P.S.

7:00 am - 9:00 am () Monday () Tuesday () Wednesday () Thursday () Friday

3:10 pm - 6:00 pm () Monday () Tuesday () Wednesday () Thursday () Friday

() Jordan Jackson C.H.A.M.P.S.

7:00 am - 8:15 am () Monday () Tuesday () Wednesday () Thursday () Friday

2:25pm - 6:00 pm () Monday () Tuesday () Wednesday () Thursday () Friday

() Special Schedule Special schedule or as needed for vacations, early release, etc.

Office Use Only: Date Rec'd: _____ Check #: _____ Amount: _____

CHILD'S INFORMATION

Eye Color: _____ Skin Color: _____ Hair Color: _____
Height: _____ Sex: _____ Weight: _____
Primary Language _____ Age: _____

Food Allergies/Special Diet: _____
Environmental Allergies: _____
Identifying Marks: _____

Please let us know if your child receives daily medication or has any chronic health conditions, limitations, allergies, or special concerns we should be aware of:

Physician: _____
Name Address Telephone #

I certify that documentation of physical examination, immunizations, and lead poisoning screening in accordance with public school requirements is on file at my child's school.

Parent/Guardian Signature Date

PARENT/GUARDIAN # 1

Name: _____
Home Address: _____
Home Telephone: _____
Work Name: _____
Work Address: _____
Work Telephone: _____ Cell #: _____

PARENT/GUARDIAN # 2

Name: _____
Home Address: _____
Home Telephone: _____
Work Name: _____
Work Address: _____
Work Telephone: _____ Cell #: _____

C.H.A.M.P.S. – AUTHORIZATION TO PICK UP

I give permission for my child to be released from the program at the end of the day as stated above under the Parent/Guardian Information section, **and** I give permission to the following people to receive my child at the end of the day. If no one other than a Parent/Guardian is authorized, please indicate below by writing “NO ONE”.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

3. Name: _____ Relationship: _____
Address: _____ Phone: _____

Any other dismissal/transportation requests must be stated in writing and maintained in the child’s file or the above plan will be followed. This permission is valid for the 2009-2010 school year.

Parent/Guardian Signature Date

PRESS RELEASE PERMISSION

I give my permission for _____ to have his/her picture taken for use in C.H.A.M.P.S. promotional materials, slide shows and local media coverage. (If you do not want your child’s picture taken, please write “NO” across this form, sign and return it).

Parent/Guardian Signature Date

FRIENDSHIP LISTS

I give permission for my child’s name and address to be released to other C.H.A.M.P.S. children.
_____ Yes _____ No

Parent/Guardian Signature Date

If you would like to receive communications from CHAMPS via email, please provide your email address below. This would include information regarding vacations, early release, etc.

C.H.A.M.P.S. FIRST AID & EMERGENCY
MEDICAL CARE AUTHORIZATION AND CONSENT FORM

Child's Name: _____

I authorize C.H.A.M.P.S. staff trained in the basics of First Aid to administer first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____ and to secure the necessary medical treatment for my child.

Physician Name: _____

Address: _____

Telephone: _____

Parent/Guardian: _____

Home Telephone: _____

Work Telephone : _____

Cell Number: _____

Parent/Guardian: _____

Home Telephone: _____

Work Telephone : _____

Cell Number: _____

Health Insurance Carrier: _____ Policy #: _____

Emergency Contacts – please list in order to be contacted if Parent/Guardian cannot be reached.

1. Name: _____ Relationship to Child: _____

Address: _____ Tel. #: _____

Do you give permission for your child to be released to this person? Yes / No

2. Name: _____ Relationship to Child: _____

Address: _____ Tel. #: _____

Do you give permission for your child to be released to this person? Yes / No

Parent/Guardian Signature Date

The above named has my permission to participate in CHAMPS. I understand and accept the condition that any member of the staff will not be held responsible for accidents, medical, or dental expenses that are incurred as a result of participation in this program. I further release CHAMPS and Mansfield Public Schools from any and all claims. I also understand that by signing below, I give CHAMPS permission to share this information with staff and emergency personnel.

Parent/Guardian Signature Date

C.H.A.M.P.S. Payment Contract

C.H.A.M.P.S. COPY – PLEASE SIGN AND RETURN

Please read this document carefully before signing. If you have any questions, please call the office at 508-261-7539.

I understand that:

Tuition Due Dates

- Tuition is due in full on the 1st of each month.
- At the discretion of the Director, a child may lose his/her spot in the program if tuition is not paid within one-week of the due date.

Refunds & Credits

- All tuition payments are non-refundable. This applies to registration fees, monthly tuition, special day registration, vacations, early release days, schedule changes, and/or withdrawal from the program.
- Payment is due for all contracted days whether a child actually attends on those days or not. There are no credits for unattended days, including sick days, vacation days, snow days, etc.

Late Fees & Special Charges

- Payments not received by the 5th of each month are subject to a late fee of \$10.00.
- Payments received after the 5th of each month are subject to a \$1.00 per day late fee, in addition to the \$10.00 late fee.
- Returned checks are subject to a \$25.00 fee. Two returned checks will require payment in cash or money order.

Schedule Changes & Withdrawal from C.H.A.M.P.S.

- Your child's contract with CHAMPS is for the same number of days each week for the entire school year. Contract changes require a two-week written notice. A 2-day minimum is required.
- A two-week written notice is required for withdrawal from the program. I understand that I may withdraw my child from the program at any time, however, I am responsible for the next two weeks of tuition due to C.H.A.M.P.S.
- Switching days is not permitted; however, additional days may be added if necessary.

Late Pick Up

- C.H.A.M.P.S. closes at 6:00pm. All children must be picked up no later than 6:00 pm.
- For each 15 minutes a parent is late, a \$10.00 fee is charged.
- C.H.A.M.P.S. must be notified if a parent is unable to meet the 6:00 pm pick up time.

Miscellaneous

- Please mail all checks to: C.H.A.M.P.S., 255 East Street, Mansfield, MA, 02048, or use the drop off box available at the Jordan Jackson and Robinson sites.
- For your safety, please do not send checks in your child's backpack.
- The preferred method of payment is check or money orders. For your protection, we do not accept cash.

I understand and agree to the terms of the above stated payment contract.

Parent/Guardian Signature

Date

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