

# □ Does your child require any additional accommodations or support services to be successful in this program? If so, please explain. □ Are there any special circumstances or needs that your family has that the program should know about in considering your application? □ Please list and explain any chronic health concerns.

## For more information contact us at:

Highlands After-School Program P.O. Box 610171 Newton Highlands, MA 02461 Telephone 617.999.4617 highlandsafterschool@gmail.com

### www.highlandsafter-schoolprogram.org

Email address

# Application for admission 2020-2021

### **About your child**

Date of admissi	on		Grade / September 2020
Last name			First name
Nickname			Home telephone
Address			
Date of birth		Gender	Primary language
Eye color		Hair color	Skin color
		CHILD S M L	ADULT S M L
Height	Weight	T-shirt size (circle above)	
Allergies / Spec	ial diet		Child's mobile telephone
Physician			Telephone
Address			
City / State / Zip	o Code		
Siblings / Ages			
Parent /	Guardi	an	
Nama (Parant/C	Suardian 1)		Polationahin to shild

Name (Parent/Guardian 1)		Relationship to child	
Address			
Home telephone	Mobile telephone	Work telephone	
Employer		Work hours	
Business address			
Email address			
Name (Parent / Guardian 2)		Relationship to child	
Address			
Home telephone	Mobile telephone	Work telephone	
Employer		Work hours	
Business address			

### Schedule requested for 2020-2021

Program hours for after school: Monday, Wednesday, Thursday & Friday from 2:30-6:00 p.m. and Tuesday 1:45-6:00 p.m.

### Please circle days requested

M T W	TH	F

If you are unsure of the specific days you are interested in enrolling your child, please indicate below how many days you would like to enroll weekly and you can confirm specific days before August 15th. I would like to enroll my child for\_\_\_\_\_\_days per week.

### Monthly tuition rates will be set May 2020

Below are rates from 2019-20. <u>Priority</u> is given to those applying for <u>2+ days</u>. The fee structure is on a <u>sliding</u> scale to encourage multiple day participation.

	BROWN	OAK HILL
1 Day* (M,W,Th, or F)	\$111.00	\$115.00
2 Days (Except Tuesdays)	\$222.00	\$230.00
3 Days (Except Tuesdays)	\$333.00	\$345.00
MWThF (No Tuesdays)	\$444.00	\$460.00
Mon-Fri (5 days per week)	\$634.00	\$650.00
Tuesdays Only	\$237.00	\$220.00
Tuesday + 1 day	\$305.00	\$305.00
Tuesday + 2 days	\$420.00	\$420.00
Tuesday + 3 days	\$523.00	\$535.00

<sup>\*</sup>Admission priority is given to applicants requesting 1+days per week. If space is available, 1 day per week requests will be considered.

### **Payment Schedule**

Application Fee \$75. (returned with application) Deposit due June 9, 2020 (or when accepted)

September-Due Aug 1 October-Due Sep 1
November-Due Oct 1 December-Due Nov 1
January-Due Dec 1 February-Due Jan 1
March-Due Feb 1 April -Due Mar 1

May-Due Apr 1 June-No Payment. Deposit Applied.

Please note: If payments are not received within 5 days after the due date, a \$25. late fee will be assessed.

### Return application to:

Highlands After-School Program (or HASP) P.O. Box 610171 Newton Highlands, MA. 02461 (or dropped off at the program)

### **IEP** permission

I will provide the Highlands After School Program with a copy of my child's IEP and give permission for the program to have conferences with the Newton Public School and our previous after school program so that they may better understand my child's social, emotional and intellectual needs and thus be more effective in meeting those needs. Yes  $\square$ 

Parent / Guardian		
Parent / Guardian		

### **Important policies**

Please read the policies below and sign at the bottom of the page. Additional and more detailed policies are in the Parent Handbook that will be mailed to you with your acceptance letter and enrollment materials.

### Application deadline & fee

All applications must be completed in full and returned with a \$75.00 application fee. Applications for admission are accepted throughout the year when space is available.

### **Deposits / Withdrawals**

Deposit of one month tuition due: June 9, 2020. After you pay your deposit, if you wish to withdraw your child from the program or reduce their number of days, you will be required to pay the fees for your original number of days for three additional months. All scheduling changes must be done in writing and include a \$25.00 processing fee per schedule change.

### **Non-discrimination**

The Highlands After School Program admits children in grades 6 through 8 regardless of race, sex, sexual orientation, religion, national origin, political beliefs, handicap, cultural heritage, financial status, or parents' marital status.

### Parent / Guardian Signature

I certify that I have read this form, supplied accurate information and that documentation of physical examination and immunizations in accordance with the public school health requirements are on file at \_\_\_\_\_\_\_Middle School.

Parent / Guardian Signature