

Bowen After-School Care Program, Inc.
280 Cypress Street, Newton Centre, MA 02459
617.969.3130

Applications and the non-refundable registration fee must be mailed. It may not be left at the Program site. The date of the postmark on your application and fee envelope will be one factor in determining placement on the enrollment priority list. **Applications must be mailed to:**

PLEASE NOTE THE ADDRESS TO MAIL THE APPLICATIONS IS DIFFERENT THAN THE PROGRAM'S!!!

BASCP APPLICATION
P.O. Box 429
Newton, MA 02464

March 2019

Dear Parents,

Attached is the ENROLLMENT PACKAGE FOR THE 2019-2020 SCHOOL YEAR. It is extremely important that you review this letter and the enrollment policy and procedure right away **Please only sign up for days that you need. You will be held to your Enrollment Agreement.**

This enrollment package includes the following:

- 1. The Tuition and Enrollment Information** sheet for your reference.
- The **Enrollment Agreement** should be read carefully before completing the **Application for Enrollment Packet**.
- The **Application for Enrollment Packet**, all of which should be read, completed, signed, and mailed in with your \$75.00 per family non-refundable registration fee **before the Postmark Deadline of April 15, 2019**. Returning the signed documents in an envelope with a *qualifying postmark by mail* will place you in the highest pool of applicants for enrollment. (The key for any applicant is to get the earliest postmark possible!) *All children, whether currently enrolled in BASCP or new to the program, must have a current application filed for them.*
- Finally, if you will require financial assistance for your child to attend BASCP, please include a **letter requesting financial assistance** with your application. Financial assistance is based on need, but we will clearly not have enough funding to satisfy all requests. You will be mailed a packet of information that must be returned in order to be considered for assistance. **You will be expected to meet all tuition payments until assistance, if approved, kicks in.**

2 Lucky Families!

As some of you already know, our EEC licensor requires **EVERY LINE** in our Application Packet filled out. Again, this year, if you completely fill out your application and we don't need to hunt you down for missing information, your name will be entered into a raffle to be one of two families to win one free month of after school for one child. It's definitely worth the extra time! You may be rewarded, but most importantly we will have all required information to take the best care of your child.

Non-Discrimination Policy

The Bowen After School Care Program administers its Program without regard to race, age, religion, cultural heritage, national origin, political beliefs, sexual orientation, marital status, sex, toilet training status, or disability. The Program agrees to act in accordance with chapter 180 of the Massachusetts General Laws and meets the licensing requirements established by the Department of Education Early Education and Care.

The Bowen After School Care Program will make all reasonable accommodations to welcome or continue to serve any child with a disability. If it is determined by the Bowen After School Care Program that a child requires the use

of an aide in order to safely attend the Bowen After School Care Program, the Bowen After School Care Program will work with the parents to reasonably accommodate the child.

If the parents of a child applying to the Bowen After School Care Program or already enrolled in the Bowen After School Care Program believe that any accommodation is necessary for their child to attend the Bowen After School Care Program, the Bowen After School Care Program requests the parents to inform the program in writing. If necessary, the Bowen After School Care Program with parental permission will solicit and receive information about the child from the school district.

POLICIES FOR ENROLLMENT PRIORITY. Acceptances for enrollment applications will be made in two phases:

APPLICATIONS EMAILED APRIL 1st, DUE BACK BY APRIL 15th

1. First priority will be given to children currently enrolled in the BASCP and to a quota of incoming K's.
2. Second priority will be given to siblings of children currently enrolled or siblings of incoming K's
3. Third priority will be given to families previously enrolled in BASCP and who have met the terms of the 2018-2019 Enrollment Agreement.
4. Fourth priority will be given to families currently on the BASCP waiting list for 2018-2019 slots.
5. Fifth priority will be given to new applicants.

APPLICATIONS MAILED AFTER APRIL 15TH

Priority for BASCP slots will be based on order of receipt and availability of space, with number of days requested receiving a priority.

Within each of these phases, highest priority will be given to the earliest postmark on the envelope. In the unlikely event that there are more applicants with exactly the same priority status than slots available, a lottery will be held within the appropriate priority group for the remaining spaces.

In accordance with BASCP Board policy, applications for 2019-2020 enrollment *will not be considered valid* unless all 2018-2019 tuition payments to BASCP have been *paid in full by May 1, 2019*. Specific arrangements for payment may be arranged with the program director. (Note that the 10th and final tuition payment for 2018-2019 is due by May 1, 2019.)

ACCEPTANCE NOTIFICATION. Upon acceptance of your application, BASCP will send a confirmation letter to you for your records. If your application cannot be accepted, you will be notified that you are on the Wait List. (There is usually some movement from the list during the summer and early fall, so all is not lost if you find yourself on the waiting list). Notification to applicants should be made by May 15 via USPS.

Along with your confirmation letter you will also receive your September tuition invoice. In all cases this must be paid by June 1, 2019. *Failure to pay this first payment will be interpreted as cancellation of your guaranteed slot.* Applicants below you on the priority list and waiting list will be offered the slot.

This first tuition payment, like the \$75 Registration Fee, is non-refundable.

Please carefully consider the schedule you select. Changes after confirmations have been sent out may be very difficult to accommodate. In the event that you request to reduce the number of days after your confirmation has been sent out, **a new, one page Application for Enrollment form must be completed and a \$200 fee will be charged.**

We look forward to serving you and your children, and to your active participation in the Bowen After School Care Program.

Sincerely,

Ellen Weiss, Director

Bowen After School Care Program, Inc.

280 Cypress Street, Newton MA 02459
617-969-3130

September 2019 - June 2020 TUITION AND ENROLLMENT FEES

After School Program Options (Grades K-5)

Operates from the close of the formal school day* until 5:55 p.m. each school day.

Full-time Options - Monday to Friday (close of school to 5:55)

Grades K-5 \$665/month

Part-time Options

Monday, Wednesday, Friday	Grades K - 5	\$371/month
Tuesday, Thursday	Grades K - 5	\$386/month

Single Days - There is a 2 day per week minimum.

Monday or Friday	Grades K - 5	\$168/month
Tuesday	Grades K - 5	\$296/month
Wednesday*	Grades K - 5	\$169/month
Thursday*	Grades K - 5	\$181/month

NOTES:

- A 5% discount is applied to tuition for lowest cost child in two or more child families.
- All fees above are subject to change.
- In the event the BASCP offers childcare during any of the school vacations, there will be an additional fee to any family participating in that special, extra program.
- * There are 2 Wednesday's and 4 Thursday's in which students are released at 12:30 pm. Please refer to your school calendar for these specific dates.

ADDITIONAL FEES

REGISTRATION FEE

Non-refundable \$75.00 per family

REDUCTION OF DAYS FEE

In the event that you request to reduce the number of days after your confirmation has been sent out, a new, one page Application for Enrollment form must be completed and a \$200 fee will be charged.

EXTRA DAY FEES

On rare occasions BASCP is able to accommodate students for extra days due to absences. There is a flat rate of \$45 for a 3 hour day and \$80 for a 5.5 hour day.

LATE PICK UP FEES

Parents picking up children after 5:55pm for After School children will be charged Late Pick Up fees.

AFTER SCHOOL CARE

5:55 -6:05 pm.....	\$15.00
6:06-6:25 pm.....	\$30.00
6:26-on.....	\$55.00

RETURNED CHECK FEE

\$10.00 per item

FIELD TRIP FEES

Parents are charged a nominal amount for elected special trips.

Tuition Information

The BASCP is a private, non-profit school age child care program that is tightly budgeted. Therefore, it is important that families fulfill their financial obligations in a timely manner.

Payment is due on the first of each month. If there is a question about a payment, call Will Chamberland, 617- 969-3130. Failure to make tuition payments by the second Friday of the month will result in a follow up email and/or phone call from BASCP. If by the third Friday of the month payment is not received, you will receive a letter of termination. Your child will not be permitted to attend the following month until payment is received **and** if space is available. His or her spot may be made available to waitlisted students. Families with a history of non-payment will not be permitted to reenroll in the program until previous balances are paid in full.

Upon enrollment, parents will be obligated to pay tuition in full, for the year, regardless of days dropped or early withdrawal, unless a replacement can be found to fill the spot. Please mail all tuition payments to:

**B.A.S.C.P.
280 Cypress St.
Newton, MA 02459**

Payment Schedule

Payment #	Date Due	Payment #	Date Due
1	June 1	6	January 1
2	September 1	7	February 1
3	October 1	8	March 1
4	November 1	9	April 1
5	December 1	10	May 1



*Bowen After School Care
Tuition Assistance Program
2019-2020*

Would your family like to make a tax deductible donation to the Cliff Cohen Tuition Assistance Fund?

The Cliff Cohen Tuition Assistance Program helps children continue to grow and play here at BASCP!

Please complete this form and include your separate check to BASCP Tuition Assistance Fund with your \$75 Registration Fee.

_____ would like to contribute to

(Your Name)

the Cliff Cohen Tuition Assistance Program (TAP). My contribution of _____ is included.

(Amount)

Thank you for your support!!

APPLICATION FOR ENROLLMENT 2019-2020

Child's Name _____ Grade (as of 9/1) _____

Guardian's Name _____ Phone _____

Home Address _____
Please include ZIP code

Email Address _____

I have read the Enrollment Agreement and understand the Tuition and Enrollment Information. I agree to all the terms set forth. Enclosed with this Application is my non-refundable registration fee of \$75.00 per family.

Signature _____ Date _____
(Person responsible for tuition payments)

ENROLLMENT SCHEDULE REQUEST

Please indicate your enrollment request with a check mark. (Please refer to the Tuition and Enrollment Information sheet BEFORE completing the following.)

AFTER SCHOOL
(School dismissal to 5:55)

_____ M - F Grades K - 5

_____ M, W, F Grades K - 5

_____ T, TH Grades K - 5

Please indicate any other combinations of days. We will notify you if we can accommodate your request.

Please note: Please carefully consider the schedule you select. After confirmations have been sent out on May 15, changes may be very difficult to accommodate. In the event that you request to reduce the number of days after your confirmation has been sent out, a **new, one page Application for Enrollment form must be completed and a \$200 fee will be charged.**

Office use: Date Rec'd _____ Amount _____ Ck # _____ Confirmation date _____ Tuition _____

Enrollment _____ Billing _____ Additional Notes _____

Bowen After School Care Program, Inc.

280 Cypress Street
Newton Centre, MA 02459
617-969-3130

2019-2020 ENROLLMENT AGREEMENT

The Bowen After School Care Program, Inc. (BASCP) is a professionally supervised After School Program for elementary school students and was organized in 1974 as a private, non-profit corporation. Parents enrolled in BASCP, Inc are Members of the Corporation and may serve as Directors and Officers. Upon acceptance of your application, BASCP agrees to provide your child with a professionally supervised After School Program. BASCP will operate every school day from September through June. It will not operate on school holidays, snow days, school vacations, or at other times when Bowen School is not open or closes early.

PLEASE READ THIS IMPORTANT INFORMATION CAREFULLY

Upon acceptance of your application, you agree to the following terms and conditions:

1. To pay tuition for the full term of the tuition plan stated on your Application for Enrollment Form and described in the Tuition and Enrollment Information document. **Upon enrollment, you are obligated to pay tuition for the full year regardless of whether or not your child participates in the BASCP program for the full term of your selected tuition plan, unless the BASCP Director is able to fill your child's enrollment slot following written notice.** Parents must give written notice in advance of departure to the Director, Bowen After School Care Program, 280 Cypress Street, Newton, MA 02459. The Board of Directors of BASCP, in its sole discretion, may waive or modify this obligation. Parents that do not meet the full terms of this agreement will not be permitted to enroll in the future.
2. To notify the BASCP Director IMMEDIATELY of any change of address, emergency contact information, physical, medical or emotional special qualities, limitation or impairment faced by your child.
3. To pick up your child promptly by 5:55 PM from After School (a late fee will be charged for failure to pick up your child(ren) on time). Repeated failure to pick up on time may result in expulsion from the program.
4. To permit the staff to arrange for emergency transport of your child to the Newton-Wellesley Hospital or other qualified facility in the event of illness or injury, and to authorize emergency medical care by the facility or the City of Newton's emergency medical service.
5. To provide comprehensive medical insurance coverage for your child.
6. On behalf of yourself, your child, and all family members, to hold the BASCP Directors, Officers, non-board committee members, and employees harmless from any personal liability arising from your child's participation in the BASCP and further to hold BASCP harmless from any corporate liability beyond the limits of its comprehensive general liability insurance policy which shall be in full force and effect throughout the school year.

7. To authorize the teaching staff of BASCP to consult with those members of the faculty and other professional staff or administrative officials of the Bowen School or the Newton Public Schools on matters relating to your child. In connection with such consultation and after written notice to you, to authorize the BASCP teaching staff and members of the faculty and other professional staff or administrative officials of the Bowen School or the Newton School Department to disclose records, evaluations, and other information which they deem relevant to your child's situation, provided that you may withdraw or limit this disclosure authorization at any time.
8. To participate with BASCP staff in meetings, conferences, phone calls or notes regarding your child's participation in the program.

BASCP reserves the right to terminate or limit the enrollment of any child participating in its After School Programs if in the judgment of the Program Director and the Board of Directors (i) such participation is not in the best interest of the child or BASCP, (ii) the child's behavior jeopardizes the child's own safety or the safety of the other children and teachers, or disrupts the standard operation of the Program, or (iii) in the event you do not fulfill the terms and conditions of this Enrollment Agreement.

Please return your acceptance of this Agreement

By signing below, I acknowledge my acceptance of and agreement to the terms of this Enrollment Agreement.

Signature

Parent/Guardian Name

Child's Name

Date

APPLICANT INFORMATION FORM 2019-2020

PLEASE PRINT (Please complete a separate form for each child)

Child's Name _____ Nickname _____

Date of Birth _____ Age (as of Sept. 1) _____ Grade (as of Sept. 1) _____

Home Address _____ Phone _____
Street City State Zip

Primary Language of the Child and Guardian(s) _____

CHILD'S IDENTIFYING INFORMATION

Eye color: _____ Hair color: _____ Skin color: _____ Gender: _____

Height: _____ Weight: _____ Build: _____

Identifying Marks: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____ Relationship to Child _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Name of Business: _____ Occupation: _____

Business Address: Street: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Hours: _____ to _____

Parent/Guardian #2 Name: _____ Relationship to Child _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Name of Business: _____ Occupation: _____

Business Address: Street: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Hours: _____ to _____

Staff Use Only

____ Directory ____ Coordinator ____ E Card

CONSENTS

TRANSPORTATION PLAN

My child will arrive at the program by:

- Unsupervised walk from classroom (Grades 1-5)
 Supervised walk with After School Teacher (Kindergarteners only)

My child will depart from the program by:

- Parent or authorized adult pick up (see authorization below)
 Unsupervised walk, without an adult (5th graders only with written consent)
 Other (describe) _____

PICK UP AUTHORIZATION

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to pick up my child at the end of the day without additional written authorization. NOTE: *If no one is authorized, please indicate below by writing **“NO ONE”**.* Please be sure to update this information on a regular basis.

ACCOMMODATIONS/IEP RELEASE

Yes ___ No ___ I give my permission for BASCP staff to communicate with the Bowen school teacher and staff about my child's interests, educational needs, behavioral needs, skills, and social interactions. I also give permission for Bowen School to provide copies of all IEP and/or behavior modification plans to BASCP so that they may provide care to my child. This form will be kept on file while your child is at Bowen.

PHOTO / VIDEO IMAGE / VOICE RELEASE

Yes ___ No ___ I give my permission for my child to be included, in the event the children in the Bowen After School Care Program are included in any newspaper, radio, or television publicity. I also give permission for my child to participate in program activities involving video production and photographs. I give permission for photos, videos & voice recordings of my child to be posted on the BASCP Website *with no last names or faces shown.*

SUNSCREEN

Yes ___ No ___ I give my consent and permission for BASCP staff to apply sunscreen/sunblock to areas of skin that are exposed to the sun-hands, arms, neck, shoulders, and legs. I understand that I must provide sunscreen/sunblock in its original container which will be labeled with my child's name and left on the BASCP premises.

PARENT HANDBOOK

___ Yes, I have received an electronic version and read through the BASCP Parent Handbook, which is a valid part of the enrollment process between the program and the parents/guardians of the children who are enrolled in the program. The information contained in this handbook explains BASCP's policies and procedures.

I would like a hard copy of the Parent Handbook

Parent/Guardian Signature (consent for all above items) _____ Date _____

******CONSENT INCLUSION DATES RUN FROM DATE OF SIGNATURE THROUGH JUNE 30, 2020.**

BOWEN AFTER SCHOOL CARE PROGRAM, INC
280 CYPRESS STREET, NEWTON, MA 02459, 617-969-3130
HEALTH HISTORY & EMERGENCY MEDICAL CARE CONSENT FORM
EMERGENCY CARD

Child's Name: _____ **Date of Birth:** _____

MEDICAL INFORMATION

Health Insurance Coverage: _____

Policy #: _____

Child's Physician: _____ Child's Dentist: _____

Street: _____ Street: _____

Town: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Phone #: _____

Medication taken regularly: _____

Child's allergies: _____

Chronic Health Conditions: _____

Date of physical examination for the 2019-2020 school year: _____

Records on file: Yes ___ No ___ Physical exam, immunization records and lead screening results on file at Bowen School

CONTACT INFORMATION

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Home: _____ Work: _____ Home: _____ Work: _____

Cell: _____ Cell: _____

Emergency Contacts (will be contacted if BASCP cannot reach a parent/guardian)

1.) Name: _____ Relationship to Child: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Do you give permission for your child to be released to the above person? Yes No

2.) Name: _____ Relationship to Child: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Do you give permission for your child to be released to the above person? Yes No

3.) Name: _____ Relationship to Child: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Do you give permission for your child to be released to the above person? Yes No

MEDICAL TREATMENT/EMERGENCY TRANSPORTATION AUTHORIZATION

I understand that in the event of illness or injury every attempt will be made to contact me. In the event that I cannot be reached, I give permission to the Bowen After School Care Program, Inc. to provide first aid and, if necessary, to arrange for emergency transport of my child to the most appropriate medical facility/hospital and to authorize emergency medical care by the hospital or local emergency medical care service.

➤ _____
Parent Signature _____ Date _____

*****CONSENT INCLUSION DATES RUN FROM DATE OF SIGNATURE THROUGH JUNE 30, 2020.**

CHILD'S PROFILE PAGE

NAME: _____

NICKNAME: _____

DATE: _____

GRADE: _____

1. Please describe your child's previous experience in after school, preschool, day care and/or play groups. Include number of years and place involved.
2. Describe your child's likes and dislikes....(i.e. activities, atmosphere, foods, hobbies, etc.)
3. List names and relationships of people who live with your child. Is there anything that would be helpful for us to know when working with your child (such as joint custody schedules, non-parent as primary care giver, etc.)?
4. What would you see as the "ideal" After School experience for your child?
5. Is there any additional information about your child that would be helpful to the After School staff? (Special needs, IEP, etc.) The more we know ahead of time, the better we are able to help your child.