

# 2013-2014 EXTENDED DAY PROGRAM

BEFORE SCHOOL CARE FOR GRADES K-6

AFTER SCHOOL CARE FOR GRADES K-6



WESTBOROUGH COMMUNITY EDUCATION PROGRAMS

The Westborough Community Education Extended Day Program is a tuition supported before and after school child care program run under the auspices of the Westborough Public Schools. All net revenue generated from programs run by Westborough Community Education is given to support the Westborough School District's general fund.

The Extended Day Program (EDP) is offered in all three K-3 schools and at the Mill Pond School for grades 4-6. Each program is staffed with two lead coordinators, who are assisted by students from Westborough High School. A ratio of 1:13 is maintained at all EDP sites.

Each EDP provides a safe, fun, and welcoming environment which promotes each child's social, emotional, physical, and intellectual growth. The coordinators plan a variety of well-balanced, age-appropriate activities which extend the child's learning opportunities and foster appropriate interactions with peers and adults. A typical daily routine at the EDP includes snack time, group meeting, playground and/or gym time depending on the weather, homework/read aloud time, project time, and inside or outside unstructured opportunities at the end of each day.

#### Community Education Administrative Staff Contact Information

Name	Position	Office Number	Cell Phone Number	Email Address
Maryellen Feeney	Director	508-836-7765 or 7766 508-836-7720 x5167	508-425-1607	feeneym@westboroughk12.org
Brian Bacon	Summer Camp Coordinator	508-836-7765 or 7766	508-425-1589	baconb@westboroughk12.org
Brittany Martin	Scheduling Coordinator	508-836-7765 or 7766		martinb@westboroughk12.org
Dawn Carlo	Administrative Assistant	508-836-7765 or 7766	508-962-2422	carlod@westboroughk12.org
Nicole Reed	District Billing Coordinator	508-836-7720 x 5198		reedn@westboroughk12.org

#### Community Education Extended Day Program Site Contact Information

Site	Program Number	Program Cell Phone	Email Address
Armstrong Extended Day Program		508-425-9942	ARMSTRONGEDP@gmail.com
Fales Extended Day Program	508-836-7776	508-425-1589	FALESEDP@gmail.com
Hastings Extended Day Program		508-425-9943	HASTINGSEDP@gmail.com
Mill Pond Extended Day Program	508-836-7780 x2021	508-425-1591	MILLPONDEDP@gmail.com

**Website:** <http://westborough.ma.schoolwebpages.com> (click Programs; then Community Ed.)

**Email:** [communityeducation@westboroughk12.org](mailto:communityeducation@westboroughk12.org)

**Registration:** Register through our website, or mail registration forms to WCEP, 90 West Main St, Westborough, MA 01581

#### Holidays and Observances for the 2013-2014 School Year

Holiday Observed	Extended Day Program Open/Closed	Holiday Observed	Extended Day Program Open/Closed
Labor Day: 9/2	CLOSED	Winter Break: 12/31 & 1/1	CLOSED
Rosh Hashanah: 9/5	Full-Day Program Offered	Early Release Day: 1/7	Half-Day Program Offered
Columbus Day: 10/14	CLOSED	Martin Luther King, Jr Day: 1/20	CLOSED
Early Release Day: 10/30	Half-Day Program Offered	Early Release Day: 2/5	Half-Day Program Offered
Early Release Day: 11/1	Half-Day Program Offered	Presidents' Day: 2/17	CLOSED
Professional Development Day: 11/5	Full Day Program Offered	Winter Break: 2/18, 2/19, 2/20, 2/21	Full-Day Programs Offered
Veterans' Day: 11/11	CLOSED	Good Friday: 4/18	CLOSED
Early Release Day: 11/27	Half-Day Program Offered	Patriots' Day: 4/21	CLOSED
Thanksgiving: 11/28 & 11/29	CLOSED	Spring Break: 4/22, 4/23, 4/24, 4/25	Full-Day Programs Offered
Early Release Day: 12/6	Half-Day Program Offered	Early Release Day: 5/16	Half-Day Program Offered
Winter Break: 12/23	Full Day Programs Offered	Memorial Day: 5/26	CLOSED
Winter Break: 12/24 & 12/25	CLOSED	Early Release Day: Last day of school	Half-Day Program Offered
Winter Break: 12/26, 12/27, 12/30	Full Day Programs Offered	Last Day of School:	Scheduled for 6/16

## 2013-2014 EXTENDED DAY PROGRAM TUITION INFORMATION

**Registration Fee:** \$25 annual registration fee per family

**Sibling Discount:** 10%. Please note this discount does not apply to Drop-Ins.

**Tax ID Number:** 046 001 355 (Provider: Town of Westborough)

### Morning Hours: 7:00—8:30 am

Full-Time Monthly Rate: \$ 171 per month

Daily /Drop-In AM Rate: \$ 9.50 per day

\*\*Mill Pond Morning Rate: \$ 3.50 per day

\*\*Mill Pond Monthly Rate: \$ 52.00 per month

### Early Release Day Rates

Dismissal—3:00 pm: \$25

Dismissal—6:00 pm: \$36

**\*We are not able to accept same day registrations for Early Release programs.** A minimum of 24 hours advance notification is required for participation.

\*\*Mill Pond Students needing AM care must be dropped-off at the Armstrong School by 7:15 am. Students will take the bus from the Armstrong School to Mill Pond.

### Afternoon Hours: After School — 6:00 pm

Full-Time Monthly Rate: 5 Days / Week: \$424.50

Part-Time Monthly Rates: 4 Days / Week: \$378.00

3 Days / Week: \$285.00

2 Days / Week: \$190.50

1 Day / Week: \$ 95.25

All of the above rates are for set schedules.

### Vacation/Holiday/Professional Day Rates

7:30 am—6:00 pm: \$46.50

**Drop-In Tuition Rate:** \$ 25 per day

### Drop-In Option:

The Drop-In option is available as a convenience to parents who do not need a set schedule for their child/children or who might need an "emergency back-up system". Once the registration process is complete, parents are welcome to use the Extended Day Program on an as-needed basis. Parents are only billed for days attended. To schedule a Drop-In date, the parent **must call or email the Westborough Community Education Office no later than 10:00 am on the morning they would like their child to attend.** In addition, the parent **must send two notes into school with their child, one to the school office and one to the Extended Day Program Coordinator in their child's school.** PLEASE NOTE: Due to scheduling constraints, we are unable to accept Drop-In registrations for students requiring a 1:1 Aide.

## BILLING AND PAYMENT INFORMATION

**Billing and Payments:** Tuition is billed on the 1st of each month and payment is due on the 10th of the month. **Please make checks payable to WCEP.** If payment is not received by the 10th of the month, a \$25 late payment fee will be assessed. Failure to make your payment will result in your child's suspension from the program, which will occur on the 15th of the month. Once all financial obligations have been met, your child may return to the program.

**Drop-In Billing:** Drop-In tuition charges will be tallied and billed monthly. Payment is due upon receipt of Tuition Invoice. All payments are due within 10 days of the invoice date or a \$25 late payment fee will be assessed. Failure to make your payment will result in your child's suspension from the program. Once all financial obligations have been met, your child may return to the program.

**Refund Policy:** No credit will be issued for missed days (including Early Release and Full Day Programs). All refund requests must be submitted in writing to Maryellen Feeney, the Director of Community Education (feeneym@westborough.k12.ma.us) and will be granted for verifiable emergencies only.

**Payment Options:** Please pay using check, money order, or the online payment system. Cash will not be accepted.

**Extended Day Program Tuition:** Extended Day Program tuition is calculated based on the number of operational days in the school year and divided into 10 equal monthly installments. Tuition Rates include all Vacation Programs, Professional Day Programs and Early Release Day Programs that fall on your regularly scheduled days. If care is needed on a Vacation day, Professional day, or Early Release day that does not fall on one of your child's regularly scheduled days, you are welcome to sign him/her up for the day. **A minimum of 24 hours notice is required to sign up.**

**Please note:** All billing questions should be directed to Jessica DiPietro-Frankhouser, District Billing Coordinator, at dipietroj@westborough.k12.ma.us or 508-836-7720 x5201.

## SCHEDULE CHANGE INFORMATION

### Schedule Change Policy:

Schedule change requests must be made in writing to the Community Education office one month prior to the schedule change. **Schedule changes are accepted October — April. No schedule changes will be accepted for the 2013–2014 school year after April 30, 2014.** This applies to anyone who is withdrawing from the program or to anyone who is reducing the number of days their child attends. No notification is required to increase the number of days your child attends. Please email us at communityeducation@westborough.k12.ma.us to make a schedule change.

### Drop-In, Adding Additional Days, and Absence Reporting Policy:

All Drop-In notifications and / or absences must be reported to the Community Education Office. Part-time students are not permitted to switch days. If care is needed on a day that your child is not regularly scheduled, you are welcome to call and ask that your child be added to the schedule. You will be billed at the Drop-In rate. Please call and leave a message or email the Community Education Office at: communityeducation@westborough.k12.ma.us and dipietroj@westborough.k12.ma.us, and send a note to your child's school. **Failure to notify the Community Education Programs of schedule changes, including absences, will result in a \$25 fee.**



# 2013-2014 EXTENDED DAY PROGRAM POLICIES AND PROCEDURES

## **Staff Qualifications:**

All Extended Day Program Coordinators have extensive experience working with children in grades K-6. They are all certified in basic First Aid and CPR. Two adult Coordinators are assigned to each of our Extended Day Program Sites and are assisted by Westborough High School students. All Community Education employees and volunteers are subject to a criminal background check before being permitted to work in our programs.

## **Behavior Expectations:**

All students that attend the Extended Day Program or any Program operated by the Community Education Programs are expected to behave in a respectful, kind and safe manner. The Director reserves the right to dismiss any participant when that participant's behavior is disruptive to the program and/or interferes with the rights and safety of others. Inappropriate conduct on the part of a parent/guardian may be grounds for dismissal of the family from the program.

## **Sign-In / Sign-Out Procedures:**

Students who attend our morning Extended Day Program must be escorted into the building and signed-in to the program by an authorized adult. When a student is picked up from the Extended Day Program, he/she must be signed-out of the program by an authorized adult. If a parent needs their child to be picked-up by a person who is not included on the Emergency Contact List, the parent must provide written or verbal authorization, including the person's name and contact number, to the Extended Day Program Coordinator and to the Community Education Office, prior to pick-up.

## **Food Policy:**

If food is going to be included in an Extended Day Program event, the Site Coordinator will contact parents 7 days in advance of the event. This will allow a parent of a child with allergies ample time to provide an alternative special snack for their child. If a parent would like to supply food for the celebration, the food must arrive with an affixed food ingredient label.

## **Snack & Lunch:**

Parents are responsible for supplying an after school snack and drink for their child/children attending the Extended Day Program. Parents are also responsible for supplying lunch, drinks and snacks for their child/children if they attend Early Release Day and/or Full Days Programs. If a child arrives without lunch to an Early Release Day or Full Day Program the parent will be notified and be asked to either bring lunch to the program or pick up their child.

## **Identification:**

All adults (including parents) should be prepared to show a picture ID at pick-up.

## **Late Pick-Up Policy:**

If a child has not been picked up by 6:00 pm, the Extended Day Program Staff will attempt to reach a parent. If unsuccessful, the staff will call emergency contacts to pick-up the child. A late fee of \$15 will be assessed at 6:01 pm. An additional \$15 will be assessed for each subsequent 15 minutes that a parent is late. If arrangements to pick-up your child have not been made by 6:30 pm, the Extended Day Coordinator may contact the Westborough Police. If a parent is habitually late and abuses this policy, we reserve the right to suspend or terminate services.

## **Snow Policy:**

The Extended Day Program will follow the Westborough Public School Department's closing and delayed opening decisions.

- If school is closed due to weather related conditions, the Extended Day Program will be closed.
- If there is a delayed opening, the Extended Day Program will delay the start of the morning program by the length of the delay. For example, if there is a 1 hour delayed opening, the Extended Day Program will begin at 8:00 am rather than 7:00 am.
- If school closes early because of inclement weather, the Extended Day Program encourages parents to arrive as soon as possible, but will remain open until 6:00 pm or until the last child is picked up.

## **Tuition Assistance:**

The Westborough Community Education Programs (WCEP) has a contract with Child Care Resource Center for child care vouchers. A voucher provides state funds to subsidize the cost of child care for income-eligible parents who are working or attending school. Contact the Child Care Resource Center at (617) 547-1063 or visit [www.ccrinc.org](http://www.ccrinc.org) for more information. WCEP also provides financial assistance for those in need. Please contact Jessica DiPietro-Frankhouser, District Billing Coordinator, for a Financial Assistance application at (508) 836-7700 ext. 5201 or at [dipietroj@westborough.k12.ma.us](mailto:dipietroj@westborough.k12.ma.us). All information will be kept confidential. Eligibility will be determined by the Director of Finance and Administration.

## **Notice of Non-Discrimination:**

The Westborough Community Education Programs does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, or disability.

# 2013-2014 CONTACT INFORMATION AND PERMISSION FORMS

## STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Grade in Sept '13: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Grade in Sept '13: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Start Date: \_\_\_\_\_ Primary Contact (in case of emergency): \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## PARENT INFORMATION

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Home Phone: \_\_\_\_\_ Dad's Home Phone: \_\_\_\_\_

Mom's Home Address: \_\_\_\_\_ Dad's Home Address: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Parents Are:  Living Together  Separated  Divorced

## EMERGENCY CONTACT INFORMATION

Safety is our number one goal. As such, we ask that you provide us with the names of friends or family members who are authorized to pick up your child in an emergency if we are unable to reach you. If there are any custody issues we should be aware of, please let us know immediately. This information will be handled discreetly and held in confidence. The following people have my permission to pick up my child (children):

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

## WALKING FIELD TRIP PERMISSION

I give permission to the Westborough Community Education Program staff to take my child on walking field trips to locations near the school grounds.

Yes \_\_\_\_\_ No \_\_\_\_\_

## PHOTO RELEASE FORM

Permission is required for any photographs/videos of your child to be used in any publication or in video productions. Please indicate below whether or not you give your permission for your child to be photographed. If this form is not returned it will be assumed that you **are** giving your permission for your child to be photographed/videotaped.

I, being the parent or guardian having legal custody of my child, hereby consent that the photographs/videos in which she/he may appear may be used by the Community Education Programs.

\_\_\_\_ You May Include My Child/Children    \_\_\_\_ You **May NOT** Include My Child/Children

## INTERNET USAGE PERMISSION FORM

I give permission for my child/children to use the internet during programs offered by the Community Education Programs.

Yes \_\_\_\_\_ No \_\_\_\_\_

# 2013-2014 INFORMATION AND CONSENT & RELEASE FORM (PLEASE COMPLETE ONE FORM PER CHILD.)

Name of Student: \_\_\_\_\_

The Community Education Programs wants to ensure that every child, regardless of his/her individual special needs or disabilities, has an equal opportunity to fully participate in the Extended Day Program. With this in mind, please provide relevant information which you feel will help program staff be proactive in facilitating your child's success in the Program. (e.g. IEP, Behavior Plan, special needs, or other concerns unique to your child that could impact his/her experience in the Extended Day Program.)

Please list/explain: \_\_\_\_\_

## PERMISSION TO SHARE STUDENT INFORMATION

I do hereby consent to the sharing of information about my child with the Community Education Director, and my child's Extended Day Program Coordinators. This information may include behavior modification plans, contents of an IEP, relevant information from my child's classroom teacher or specialists, or any other information which will help ensure my child's successful participation in the Extended Day Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

## MEDICAL INFORMATION

It is the parents responsibility to provide accurate and complete medical information so that we are able to provide a safe environment for all children. Does your child have any medical issues, dietary restrictions or allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide additional information including the condition and any required treatment, action plan, or additional information we may need to know in order to ensure your child's safety.

**IMPORTANT:** We do not have access to medications, Epipens or inhalers, which are stored in the nurses' office. If you would like our staff to have these medications on hand for the program, you must bring them to the Community Education Office with a prescription label bearing the child's name, as well as a permission to administer form signed by both the parent and doctor.

If you feel this medication will NOT be necessary for the program please indicate by signing the statement below.

**I, the parent/guardian of my child, do not feel it is necessary for the Community Education staff to have any medications that have been prescribed to my child.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

In the event of a medical situation deemed to be an emergency, I the parent/guardian of my child, grant permission to the Community Education Program Staff to administer or obtain emergency medical treatment.

Yes \_\_\_\_\_ No \_\_\_\_\_

## CONSENT & RELEASE FORM

Each participant must affirm acceptance of the contents of the Consent and Release form prior to participation. I do hereby consent to my child's participation in voluntary athletic or activity programs of the Westborough Public Schools. I also agree to forever release the Westborough Public Schools, the Westborough Community Education Programs, the School Committee, and all individuals and organizations assisting or participating in voluntary athletic or activity programs of the Westborough Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Westborough Public Schools voluntary athletic or activity programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future from my child's participation in the Westborough Public Schools voluntary athletic or activity programs. I further affirm that I have read this CONSENT AND RELEASE FORM and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I may choose not to participate. By signing this form, I affirm that I have decided to allow my child to participate in the Westborough Community Education Program's Extended Day Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary athletic or activity programs.

In addition, I confirm that I have read, understand, and agree to contents of this Westborough Community Education Extended Day Program Brochure.

Parent Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# 2013-2014 INFORMATION AND CONSENT & RELEASE FORM

(SIBLING COPY)

Name of Student: \_\_\_\_\_

The Community Education Programs wants to ensure that every child, regardless of his/her individual special needs or disabilities, has an equal opportunity to fully participate in the Extended Day Program. With this in mind, please provide relevant information which you feel will help program staff be proactive in facilitating your child's success in the Program. (e.g. IEP, Behavior Plan, special needs, or other concerns unique to your child that could impact his/her experience in the Extended Day Program.)

Please list/explain: \_\_\_\_\_

## PERMISSION TO SHARE STUDENT INFORMATION

I do hereby consent to the sharing of information about my child with the Community Education Director, and my child's Extended Day Program Coordinators. This information may include behavior modification plans, contents of an IEP, relevant information from my child's classroom teacher or specialists, or any other information which will help ensure my child's successful participation in the Extended Day Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

## MEDICAL INFORMATION

It is the parents responsibility to provide accurate and complete medical information so that we are able to provide a safe environment for all children. Does your child have any medical issues, dietary restrictions or allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide additional information including the condition and any required treatment, action plan, or additional information we may need to know in order to ensure your child's safety.

**IMPORTANT:** We do not have access to medications, Epipens or inhalers, which are stored in the nurses' office. If you would like our staff to have these medications on hand for the program, you must bring them to the Community Education Office with a prescription label bearing the child's name, as well as a permission to administer form signed by both the parent and doctor.

If you feel this medication will NOT be necessary for the program please indicate by signing the statement below.

**I, the parent/guardian of my child, do not feel it is necessary for the Community Education staff to have any medications that have been prescribed to my child.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

In the event of a medical situation deemed to be an emergency, I the parent/guardian of my child, grant permission to the Community Education Program Staff to administer or obtain emergency medical treatment.

Yes \_\_\_\_\_ No \_\_\_\_\_

## CONSENT & RELEASE FORM

Each participant must affirm acceptance of the contents of the Consent and Release form prior to participation. I do hereby consent to my child's participation in voluntary athletic or activity programs of the Westborough Public Schools. I also agree to forever release the Westborough Public Schools, the Westborough Community Education Programs, the School Committee, and all individuals and organizations assisting or participating in voluntary athletic or activity programs of the Westborough Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Westborough Public Schools voluntary athletic or activity programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future from my child's participation in the Westborough Public Schools voluntary athletic or activity programs. I further affirm that I have read this CONSENT AND RELEASE FORM and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I may choose not to participate. By signing this form, I affirm that I have decided to allow my child to participate in the Westborough Community Education Program's Extended Day Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary athletic or activity programs.

In addition, I confirm that I have read, understand, and agree to contents of this Westborough Community Education Extended Day Program Brochure.

Parent Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## 2013-2014 EXTENDED DAY PROGRAM SCHEDULE INFORMATION

Name of Student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Start Date: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

*Please check days your child will be attending.*

Morning Schedule:

	Drop-In	Monday	Tuesday	Wednesday	Thursday	Friday
7:00- 8:30 am						

Afternoon Schedule:

	Drop-In	Monday	Tuesday	Wednesday	Thursday	Friday
After School— 6:00 pm						

## 2013-2014 SIBLING SCHEDULE INFORMATION

Name of Student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Start Date: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

*Please check days your child will be attending.*

Morning Schedule:

	Drop-In	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 - 8:30 am						

Afternoon Schedule:

	Drop-In	Monday	Tuesday	Wednesday	Thursday	Friday
After School— 6:00 pm						