

Millis Extended Day - Preschool Wrap Program - Non-Staff

Clyde F. Brown School
7 Park Road, Millis, MA 02054



November 5, 2020

Dear Millis Preschool Families,

Attached is your adjusted registration form for the beginning of the 2020-2021 school year for our Preschool Wrap Program for children 3 and 4 years old. (Must be 36 months by 8/31.) This form is adjusted to reflect the new hybrid school model effective November 30, 2020 and is subject to change in terms of days and hours offered as well as tuition as we move forward and/or as the school responds to the current COVID 19 pandemic.

Please take a moment to fill it out and email it to Jeanne Noonan (jnoonan@millisschools.org) or drop it off at the Extended Day Office directly **on/before Tuesday, November 17, 2020**. Please be certain to fill in the days/sessions you intend to send your child. Please choose carefully as a \$25.00 per child non-refundable registration fee is required. Once your registration is received your form will be processed and you will be notified if your child was placed in the program or not.

This program is currently offered Monday, Tuesday, Thursday and Friday from 7:00 a.m. to 4:30 p.m. You are eligible for wrap-around care on the days that your child attends in-person preschool during the hybrid model. The days must be consistent from week to week.

Staffing for the **Extended Day Preschool Wrap Program** is by qualified personnel. The adult to child ratio is typically 1:8, to ensure proper supervision and to keep our children safe.

Once you have enrolled your child we will presume that s/he is enrolled in this schedule unless you inform us otherwise, or there is a change in the operation of the program.

The Preschool Wrap program opens for non-staff families on November 30, 2020 and thereafter in accordance with the Millis Public Schools schedule. For the time being tuition will be due every other Monday for a two week period beginning Monday 11/30. This may change to a monthly tuition depending on the status of the current pandemic.

Daily tuition rates are included on the attached registration form. You are responsible for making sure your payment is sent in a timely manner. **We will not be sending invoice reminders.** There will be a \$20.00 surcharge for all late payments received more than 7 days beyond the due date. If you have any questions or concerns or need help calculating your tuition due for any period, please don't hesitate to contact me at jnoonan@millisschools.org.

Very truly yours,

Jeanne Noonan, Director

Please note: If enrollments for any individual program are not sufficient to maintain the cost of running the program, the program may not operate and your fees will be returned.

MILLIS EXTENDED DAY PRESCHOOL WRAP PROGRAM - NON-STAFF

Child's Name: _____
Address: _____
Phone: _____ Date of Birth: _____
Age as of 8/31 (Min 36 mos.): _____ M _____ F _____
First Contact: _____
Cell Phone: _____ Work: _____
Email (required): _____
Second Contact: _____
Cell Phone: _____ Work: _____
Email (required): _____
Child lives with: ☐ Both Parents ☐ Mom ☐ Dad Other _____

Alternate pick-up/Emergency contact: I authorize the following person(s) to pick up my child in the event that I am unable to do so. **(Photo ID required)**

Name: _____ Phone: _____

Relation to child: _____

Name: _____ Phone: _____

Relation to child: _____

Please feel free to attach a separate sheet with others.

Please Note: You must provide at least one alternate pick-up who can be to the school within 30 minutes if necessary. Enrollment forms will not be accepted without one.

If you send anyone other than those listed, you must call ahead to notify us.

Note: Are there any parental (or other) pick-up restrictions that we need to be aware of? ☐ YES ☐ NO

If yes please provide appropriate legal documents

Release of Information: The Millis Schools continually celebrate student achievements and talents. Students are frequently recognized in newsletters, on Facebook and on our website. If you give your permission for your child's picture being displayed on site, in the newspaper, on Facebook or on the website, please sign below.

Please note that children pictured on our website are NOT identified by name.

I give permission for pictures of my child to be used as described above:

Parent Signature

Date

If you give permission for Millis Public Schools staff members and Extended Day staff members to share information relative to the care and/or education of your child, please sign and date here.

Parent/Guardian Signature

Date

MEDICAL/EMERGENCY INFORMATION

Child's Name _____

Health Insurance _____

Name of Child's Physician _____

Phone _____

Hospital Physician is affiliated with _____

Allergies _____

EPI Pen: ☐ Yes ☐ NO

Medical Alert/Needs _____

As safety is our priority, please be sure to indicate **EACH INDIVIDUAL** allergy/medical need.

NOTE: There is not a nurse on site for all hours of operation.

*** If your child has an emergency medical protocol and/or medical forms, they must be provided to the Extended Day office (Park Road) on or before attending their first day[†].

If your child does not attend Clyde Brown Preschool, you must attach a copy of your child's most recent physical.

Does your child have needs other than medical that we should know about to help him/her have a positive experience at Extended Day?

Yes _____ No _____

If yes, please explain on back of form. _____

In case of accident, illness or other emergency, the staff at the Extended Day Program will try to immediately locate the parent or person responsible for the child. In the event of an emergency requiring immediate attention, if neither you nor the person(s) you designate can be reached, the School Nurse (if available), or Extended Day staff will institute emergency procedures. If you do not wish to authorize hospital treatment you may cross out the following paragraph before signing below.

"In the event of an EMERGENCY during which neither I, nor my spouse, nor the person(s) I have designated on my emergency contact list can be reached, I hereby give permission to the staff of the nearest medical facility to administer an anesthetic and perform such emergency procedures as may be necessary to aid my _____ son _____ daughter _____ other (Please specify)

Parent or Guardian

Parent or Guardian

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