

Sara Holbrook Community Center

After School Program Information

- Program Hours:** Monday – Friday, 2:45pm - 5:00pm
Early release days: 2:45pm – 5:00pm
November & December break: Closed
February and April Break: To be announced
- Program Begins:** Wednesday, September 1, 2010 (first day of school)
Program follows the Burlington School District Calendar
Children will be escorted from Lawrence Barnes School to the center by SHCC staff, except for early release days.
Typically, children who do not attend Barnes take the city bus to the center or are transported by a parent/guardian.
- Program Cost:** The normal After School Program fee is \$100 per week.
However, if you reside in the Old North End, or have a need for a scholarship, the cost is \$100.00 per child for the school year. Payment may be made in two installments of \$50.00. The first payment is due upon enrollment, and the second payment must be made prior to or on January 31, 2011. If cost is a problem, Child Care Subsidy may be able to help with the cost. Staff will be more than happy to help you with the form.
- Registration Deadline:** No deadline, but applications are reviewed on a first-come, first-served basis (program capacity is 36).
- Please Note:** It is very important to notify SHCC staff if your child will not be attending the program on a particular day. If we do not hear from you and your child is not present, we assume your child is missing and notify the police.

For more information regarding the SHCC After School Program, please contact Linda at 864-6364 or Jenny at 862-6342.

Sara Holbrook Community Center After School Program

Registration Form

Please complete one form for each child

Child's Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Ethnicity: _____

School: _____ Grade just completed: _____

Does your child have an Individual Education Plan (IEP)? Yes No

Does your child have a personal aide at school? Yes No

Parent/Guardian's Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Cost: The normal After School Program fee is \$100 per week. **However, if you reside in the Old North End, or have a need for a scholarship, the cost is \$100.00 per child for the school year.** Payment may be made in two installments of \$50.00. The first payment must be made prior to or on the first day of attendance. The second payment must be made on or before January 31, 2011.

PROGRAM ATTENDANCE

My child, _____, has permission to attend the Sara Holbrook Community Center's After School Program.

My child will be:

_____ Walking to the Center without adult supervision

_____ Walking home from the Center without adult supervision

_____ Dropped off at the Center by an authorized adult

_____ Picked up at the Center by an authorized adult

Adult(s), **other than parent or legal guardian**, authorized to transport child to/from the SHCC After-School Program:

1.) Name & Phone: _____

Relationship to Child: _____

2.) Name & Phone: _____

Relationship to Child: _____

I understand that the SHCC is not responsible for my child once dismissed from the Center's property.

Parent/Guardian Signature

Date

I give permission for my child's photo to be used in newsletters, annual reports, brochures, bulletin boards, websites and/or videos during any Center programs.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION

Mandatory for Child Participation

(1) EMERGENCY CONTACT

(Other than parent(s))

NAME & PHONE #: _____

(2) EMERGENCY CONTACT

(Other than parent(s))

NAME & PHONE #: _____

CHILD'S PRIMARY CARE

PHYSICIAN NAME: _____

PRIMARY CARE PHYSICIAN

PHONE NUMBER: _____

MEDICAL INSURANCE TYPE: _____

MEDICAL INSURANCE

POLICY NUMBER: _____

