

# Town of Amesbury ELEMENTARY AFTER SCHOOL PROGRAM 2014 -2015

## PROGRAM INFORMATION:

### Program dates September 2- June 18

Open to all 1<sup>st</sup> through 4th graders.

The Town of Amesbury's Recreation Department holds an after school program at each elementary location utilizing the café, gym and playground areas. We provide a daily snack and juice.

The program meets Monday through Friday from 3-6pm. Parents may utilize any and /or all days they have registered for. Children may be picked up at any time. A program cell phone is provided for emergencies or for when your plans change.

In the event that school is closed due to weather, school holidays or early dismissal, the program will not be held.

## After School Program Schedule:

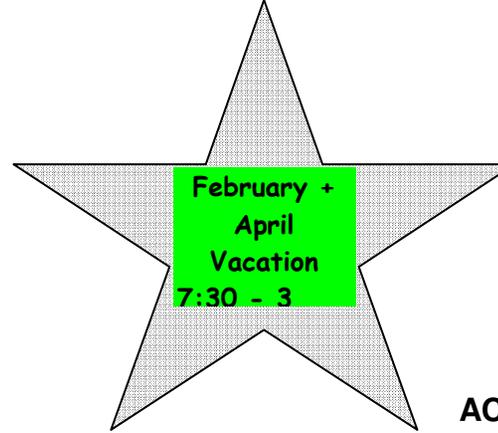


3-3:20	Arrive/ Snack
3:20-4:00	Playground/games
4:00-4:30	Homework /Read
4:30-5:30	Sports/Arts
5:30-6	Games/pick-up

## Payment OPTIONS:

### **New: \$10 Sibling Discount**

1 Day option: \$20/day or \$72 per month \*must preregister  
2 days per week (must choose ahead of time)- \$130/month  
3 days per week (must choose ahead of time)- \$170/month  
4 days per week (must choose ahead of time) - \$210/ month  
All 5 days - \$260/month \*\*\* June is free if you start before December  
**Payments Due by 1<sup>st</sup> of the month \* Late fees will be assessed.**



## ACTIVITIES PROVIDED:

Games ! Sports ! Playground!  
Arts and Crafts ! Homework Help!  
Reading Rewards Program!  
Special Theme Days! And More !



## **Emergency Access to all Parents:**

If you preregister (give us a registration form ahead of time), Your child can attend any day we are open with a call to the director and school before 2pm of that day. Payment is due to the Youth Director the next day.

## Other Notes:

Please DO NOT BRING a SNACK- They will not be allowed to eat it as we are keeping the programs NUT-Sensitive. Registration is first come, first serve and mail-in or drop off @ 68 Elm St. between 8 and 4  
**Please note the Recreation office is in the New Transportation Center at 68 Elm St.**

Any questions- Call Kathy Crowley (Youth Director) at 978-388-8137 or [kathleen@amesburyma.gov](mailto:kathleen@amesburyma.gov) Amesbury Recreation is located at 68 Elm St. in the new Costello Transportation Center

**Elementary After School Program Registration Form 2014- 2015**

**AES \_\_\_\_\_ or CES \_\_\_\_\_**

**Payments due by the first day of the month or \*\* Late fees will be charged \* Please choose days of week ahead of time**

**Payment options: \_\_\_\_\_ 5 Days (\$260/mo.) \_\_\_\_\_ 4 days (\$210/mo.) \_\_\_\_\_ 3 Days (\$170/mo.) \_\_\_\_\_ 2 Days (\$130/mo.) \_\_\_\_\_ 1 day (\$72/mo.) \_\_\_\_\_ \$20/day**

**Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_**

Primary Guardian _____ Relationship _____	Primary Guardian _____ Relationship _____
Address _____ Home phone _____	Address _____ Home phone _____
Cell phone _____ Business Phone _____	Cell phone _____ Business Phone _____
E-mail _____	E-mail _____

**YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED !!**

Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact:( E.g.: Grandparent, aunt,etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address(include city and state) \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Please list all others who may have permission to pick up you child (include name and phone #)

Family/Child's Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company and Policy # \_\_\_\_\_

Allergies/special diets 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Special limitations or concerns \_\_\_\_\_ Chronic Health Conditions \_\_\_\_\_

\*Please Note: There is no nurse on duty- We do not administer medication except for epi-pens.

Participation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program. I understand that the program is **NUT Sensitive** and **I will not provide my child with a snack or any other peanut related materials.** I understand that my child(ren) can be dismissed from the program for violations of the behavior code. I agree to pay my fees each month and/or contact the Program Director if I will be late. **I understand that my child(ren) can be dismissed from the program if my fees remain unpaid for over one month (without consent from the Program Director).**

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_ **Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.**

**Which days do you expect your child to attend?**

**Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ \*If there is a change, please call or bring a note.**

**PLEASE MAKE CHECK PAYABLE TO: CITY OF AMESBURY, Please return form and payment to: Kathy Crowley-Youth Recreation Director, 68 Elm St.**