

Kids' Cove Extended Day Program

Atlantis Charter School, 991 Jefferson Street, Fall River, MA 02721
Tel. 508-672-1821 Fax. 508-672-1397



Kids' Cove - Important Parent Information

The Atlantis Charter School Kids' Cove Extended Day Program begins **Monday, August 24th, 2020** for grades 1-8; Kids' Cove opens on **Tuesday, August 25th for Kindergarten.**

The Kids' Cove Program is limited to 50 students in the morning and 80 in the afternoon at the Lower School and limited to 20 students in the morning and 25 in the afternoon at the Upper School.

Registration is on a first come first served basis.

A \$25.00 non-refundable registration fee, per family, must be paid when registering.

Program Description: In 2020-2021, Atlantis Charter School will continue to provide an extensive number of educational and enrichment activities for your children. While Kids' Cove will focus on providing students with tutoring and homework assistance, the program will also offer a variety of other enrichment activities.

Breakfast is available every morning from 7:00 AM to 8:30 AM - \$1.60 (paid) and 30 cents (reduced). If your child receives free or reduced lunch, he/she is entitled to free or reduced breakfast as well.

The afternoon Kids' Cove Program schedule is as follows:

3:15 - 3:30	Group Circle, Attendance, and Snack (<i>Included</i>)
3:30 - 4:00	Homework Group (Optional)/Group Activities
4:00 - 4:30	Enrichment Workshops
4:30 - 5:45	Physical Activities/Games

Registration: Kids' Cove is NOT able to provide services to students who are not registered.

A parent/guardian needs to complete the registration forms specifically indicating which days each week his/her child will be attending the program.

<u>Available Sessions:</u>	<u>HOURS: K-6 SITE</u>	<u>HOURS: 7&8 SITE</u>	<u>COST PER CHILD</u>
Morning Session:	6:30 AM - 7:45 AM	6:45 AM - 7:15 AM	\$5.00/day/\$3.00-30m or less \$25.00/week
Afternoon Session:	3:15 PM - 5:45 PM	2:30 PM - 5:45 PM	\$10.00/day \$50.00/week
Both Sessions:			\$15.00/day \$75.00/week

Late Pick-ups: (After 5:45) parents will be charged \$5.00 for each portion of every 15 minutes when they are late picking up their child.

Payment: Payment for participation in the Kids' Cove Program is due, **in advance every Friday, the week before** the child attends the program. You will need to pay for the number of days your child is registered. There are no refunds for any reason. Late payments: There will be a fee of \$10.00 per week assessed to the account if the account is not balanced each week.

If payment is not received in advance, a \$5.00 fee will be included to the amount due.

Vouchers: Vouchers are accepted through PACE Childcare Works. Parents are responsible for contacting PACE for more information regarding vouchers by calling (508)999-9930. Parents who apply for vouchers must pay regular childcare prices until the voucher is approved and the \$25.00 reg. fee.

Method of Payment: Checks, money orders, or cash is acceptable. There will be a **\$20.00 fee** charged for checks returned due to insufficient funds. Once a check is returned for insufficient funds, the school will only be able to accept cash or money orders from that family.

For more information: Please call Eric Wanke at **672-1821**, Ext. 1281

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K-8 Registration Form 2020- 2021

To ensure adequate staffing, **parents need to register and pay for the exact days their children will be attending Kids' Cove each week in advance.** Unfortunately, Kids' Cove cannot credit you for days not used. There will be no refunds given for any reason. Please contact Eric Wanke if you have any questions. Thank you.

You must complete all sections of this registration form and return it to Atlantis with a \$25.00 non-refundable registration fee per family. Please make check payable to the Atlantis Charter School.

Do you require this information to be translated into your native language? __Yes __No
If yes, please fill in appropriate box: Portuguese Spanish Other: _____

CHILD

Name _____ Grade _____
Date of Birth _____ Sex: ___ Male ___ Female
Address (if different from parents) _____
Home Phone _____

PARENT/GUARDIAN(s)

Name _____ Relationship _____
Address _____
Home Phone _____
Company/Employer Name _____
Work Address _____
Address _____
Work Phone _____ Daytime Phone _____

CHILD IDENTIFYING INFORMATION

Eye color _____ Hair color _____
Height _____ Weight _____
Identifying Marks _____

Please complete other side

Kids' Cove

Atlantis Charter School

Student Name: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at ACS?

YES

NO

The following adult individuals are the ONLY ones who have my permission to pick up my child from Kids' Cove. I realize that it is my responsibility to notify Kids' Cove if I wish to add or remove any names from this list.

PLEASE NOTE: The names listed here should match the same names listed on the ACS Student Enrollment Form and that they must be Adults, 18 years of age or older.

**Anyone picking up a child from Kids' Cove
– including the parents/guardians –
must show a picture ID every time.**

Name	Relationship	Telephone #

Comments...

(Please include time you will normally pick up your child and any other information that might be helpful to our staff).

By signing this registration form, I (parent name) _____, realize that **I am solely responsible for all fees** incurred while utilizing the before and extended day program services at the Atlantis Charter School. Also, I give permission for my child to participate in all the regularly scheduled on-going activities located on school grounds as well as walking fieldtrips.

Parent/Guardian Signature _____

Date _____

By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.

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Student
Name: _____

Grade: _____

First Aid, Emergency Medical Care Authorization & Consent

I understand that some Kids' Cove staff members are trained in CPR and First Aid. I authorize these individuals to give my child CPR and First Aid when appropriate. I understand that my child may participate in activities involving food products during Kids' Cove. I will identify any food allergies in the space provided below.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility.

Does your child have any chronic allergies and or food allergies? _____

Does your child have any chronic health conditions? _____

Physician's name _____ Phone _____

Health insurance coverage _____ Policy # _____

Hospital of choice _____

Does your child have any special needs? _____

EMERGENCY CONTACT (Adult person-18 years of age or older to be contacted in case of emergency situation)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Parent/Guardian signature _____

Date _____

By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.