

## CHAMPS 2018-2019 REGISTRATION

Continued Hours at Mansfield Public Schools  
255 East Street, Mansfield, MA 02048 ~ 508-261-7539

Welcome to CHAMPS for the 2018-2019 school year. Registration is now open for grades K through 5. Please complete a registration form for each child enrolled in the program. This applies to new and returning students. A \$40.00 non-refundable registration fee is required for each child in order to secure his/her spot in the program.

### **Enrollment Deadline:**

- **ALL REGISTRATION FORMS AND FEES ARE DUE BY FRIDAY, JULY 27, 2018.**
- **Registrations received after the above date will have an automatic start date of October 1, 2018. Exceptions require approval from the Director of Champs and a \$25.00 late fee will be assessed.**

- Beginning October 1, 2018, enrollment is accepted at any time during the school year provided there are any openings. At least one week's notice must be provided prior to your child's start date. Registration form, a \$40.00 registration fee, and first month's tuition must be received in the CHAMPS office prior to your child's start date.
- CHAMPS is open on half days, school vacations, snow delays, and some school holidays. Sign-up sheets, along with the additional fee for these days (if applicable), will be made available at each site as they arise. Detailed information regarding weather related delays will be available in November.
- Any alteration to your contracted schedule must be made in writing to CHAMPS and requires a two-week notice. There is a \$10.00 per child Change Fee for each schedule change. This does not apply to adding days as needed on occasion.
- Parents are responsible for notifying their child's teacher in writing of their CHAMPS schedule and dismissal instructions. **Parents are asked to contact our office when their child is out sick or will not attend CHAMPS on a given day.**
- Payments are due on the first of each month. Checks should be made payable to Champs and mailed to the above address or left in the tuition drop off box located at the Robinson and JJ sites. Please do not send payments in your child's backpack. Cash is not accepted.
- Online payments accepted through Unipay. Please visit [www.mansfieldschools.com/departments/c\\_h\\_a\\_m\\_p\\_s](http://www.mansfieldschools.com/departments/c_h_a_m_p_s) and click on the Online Payments icon.
- Families with 2 or more children enrolled in the program will receive a \$1.00 per school day sibling discount.
- Once your registration form has been received and processed, you will receive an individualized statement detailing your monthly payments. Payment is due for all contracted days. There are no credits or refunds for any unused days and/or hours (sick days, personal vacations, snow cancellations, snow delays, etc.).
- A \$30.00 reinstatement fee will be charged when a student withdraws from the program and re-enrolls at a later date during the same school year if a spot is available. This fee is due for each child.

Please contact Michelle O'Connor in the CHAMPS Office with any questions. Thank you.

## CHAMPS 2018–2019 FEES

### ☆ **Robinson & Jordan Jackson Before & After School WEEKLY Fees:**

	<b>2 Days</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
<b>AM Only</b>	\$50	\$55	\$60	\$65
<b>PM Only</b>	\$75	\$95	\$105	\$115
<b>AM &amp; PM</b>	\$115	\$130	\$145	\$160

*AM Care: 7:00 to 9:00, Robinson or 7:00 to 8:15, JJ  
PM Care: 3:10 to 6:00, Robinson or 2:25 to 6:00, JJ*

### ☆ **Vacation Fees for all grades**

<b>12 Days</b>	<b>2 Days</b>	<b>3 Days</b>	<b>4 Days</b>
\$75	\$120	\$140	\$160

*Vacation Hours: 7am to 6pm. All students, grades K through 5 are combined for vacation programs. Vacation programs are located at Jordan Jackson.*

### **Special “As-Needed” Schedule Fees**

CHAMPS realizes that many families have unique schedules that require varied child care. Therefore, we are pleased to offer flexible scheduling for those families who need child care for specific days of the school year. We welcome you to contact our office to discuss your specific situation and which program is best suited for you. Please note that this is *not* a “drop-off” service, and that children must be registered in the program in order to be eligible.

The following daily fees *may* apply:

AM Rate, 7:00 – 8:15/9:00	\$20.00
PM Rate, 2:25/3:10 – 6pm	\$37.50
½ Days, Early Dismissal through 6:00pm	\$50.00
½ Days, Early Dismissal through 2:25/3:10pm	\$25.00
Snow Delays (in addition to the AM Rate)	\$6.00 per hour

Tuition assistance is available for those families who meet the state income guidelines.  
Please contact our office to request an application.

All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.

Office Use Only:  
 FOOD ALLERGY, EPIPEN  
or INHALER ALERT

## CHAMPS REGISTRATION

September 2018– June 2019

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Mansfield, MA 02048  
Home Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade/Fall 2018 \_\_\_\_\_  
Teacher Fall '18 (if known) \_\_\_\_\_  
School Transportation: Bus #: \_\_\_\_\_ Walker \_\_\_\_\_  
Start Date \_\_\_\_\_

**CONTRACTED SCHEDULE** – please check the program, days & hours needed:

Robinson CHAMPS

*( ) Check here if your child is enrolled in Robinson FULL DAY K*

7:00 am - 9:00 am ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

3:10 pm - 6:00 pm ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

Jordan Jackson CHAMPS

7:00 am - 8:15 am ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

2:25pm - 6:00 pm ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

Special / As-Needed As outlined on the Fees Page

Unipay Confirmation # (if paying registration fee online, please note your transaction confirmation number):  
\_\_\_\_\_

Office Use Only: Date Rec'd: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

**PARENT/GUARDIAN # 1**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

**PARENT/GUARDIAN # 2**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

**AUTHORIZATION TO PICK UP**

I give permission for my child to be released from the program at the end of the day as stated above under Parent/Guardian Information, **and** I give permission for my child to be released to the following people (must be over 18 years of age). Any other request must be stated in writing and will be maintained in the child's file for the current school year. I also understand that proper identification (e.g. driver's license) must be presented before the child is released.

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**HEALTH & MEDICAL INFORMATION**

Height:	_____	Weight:	_____
Eye Color:	_____	Hair Color:	_____
Gender:	_____	Primary Language	_____
Age:	_____	Identifying Marks	_____

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

1. Does your child have an EPIPEN? \_\_\_\_\_

2. Does your child use an INHALER? \_\_\_\_\_

If your child has an EPIPEN or INHALER, you must provide CHAMPS with the prescription in its original prescription container/box, labeled by the pharmacy with your child's name and dosage/instructions. CHAMPS does not have access to the Health Office either before or after school; therefore, it is the responsibility of the parent/guardian to provide CHAMPS with the following:

1. Prescription
2. Mansfield Public Schools/CHAMPS Health Services Medication Order
3. Mansfield Public Schools/CHAMPS Health Services Medication Administration Plan/Consent Forms can be downloaded from [www.mansfieldschools.com/departments/c\\_h\\_a\\_m\\_p\\_s](http://www.mansfieldschools.com/departments/c_h_a_m_p_s).

Health information provided to your child's Health Office is NOT automatically shared with CHAMPS. Parents MUST inform CHAMPS directly of any health concerns or changes that may affect their participation in the program.

Other than an EPIPEN, CHAMPS will not administer antibiotics or other daily medications. Parents should coordinate the administration of medication during the school day directly with their child's Health Office.

To ensure your child's success at CHAMPS, it is helpful to know if your child has any special emotional or educational needs, receives any daily medications (specify med & dosage) or has any chronic health conditions, physical limitations, dietary restrictions, or special concerns you would like us to be aware of. All information is kept in confidence. *Please specify if you would like to be contacted by the Director of Champs to discuss in person.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FRIENDSHIP LISTS**

I give permission for my child's name and address to be released to other CHAMPS children.

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

**PRESS RELEASE PERMISSION**

I give my permission for my child to have his/her picture taken for use in CHAMPS promotional materials, slide shows and local media coverage.

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

**INFORMATION RELEASE**

By signing below, you allow the CHAMPS program to speak directly and share relevant information with Mansfield Public School staff.

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**FIRST AID & MEDICAL CARE AUTHORIZATION AND CONSENT**

Child's Name: \_\_\_\_\_

I authorize CHAMPS staff trained in the basics of First Aid to administer first aid when appropriate. 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 and/or to \_\_\_\_\_ and to secure the necessary medical treatment for my child.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contacts Other than Parent/Guardian

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes / No

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you give permission for your child to be released to this person? Yes / No

Medical Insurance: Subscriber: \_\_\_\_\_

Plan/Group: \_\_\_\_\_

Policy# \_\_\_\_\_

The above named has my permission to participate in CHAMPS. I understand and accept the condition that any member of the staff will not be held responsible for accidents, or medical or dental expenses, that are incurred as a result of participation in this program. I further release CHAMPS and Mansfield Public Schools from any and all claims. I also understand that by signing below, I give CHAMPS permission to share this information with staff and emergency personnel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I certify that documentation of physical examination, immunizations, and lead poisoning screening, in accordance with public school requirements, is on file at my child's school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# C.H.A.M.P.S. Payment Contract

**PLEASE SIGN AND RETURN ALONG WITH YOUR REGISTRATION FORM**

## Tuition Due Dates

- Tuition is due in full on the 1<sup>st</sup> of each month. At the discretion of the Director, a child may lose his/her spot in the program if tuition is not paid within one-week of the due date.

## Refunds & Credits

- All tuition payments are non-refundable. This applies to registration fees, monthly tuition, special day registration, vacations, early release days, schedule changes, and/or withdrawal from the program.
- Payment is due for all contracted days whether a child actually attends on those days or not. **There are no credits for unattended days, including sick days, vacation days, snow days, etc.**

## Late Fees & Special Charges

- Payments not received by the 5<sup>th</sup> of each month are subject to a late fee of \$10.00.
- Payments received after the 5<sup>th</sup> of each month are subject to a \$1.00 per day late fee, in addition to the \$10.00 late fee.
- Returned checks are subject to a \$25.00 fee. Two returned checks will require a money order.

## Schedule Changes & Withdrawal from CHAMPS

- Your child's contract with CHAMPS is for the same number of days each week for the entire school year. Contract changes require a two-week written notice. A 2-day minimum is required.
- A two-week written notice is required for withdrawal from the program. I understand that I may withdraw my child from the program at any time; however, I am responsible for the next two weeks of tuition due to CHAMPS.
- **Parents who leave the program with an outstanding balance will be prosecuted to the full extent of the law.**
- Switching days is not permitted; however, additional days may be added if necessary.

## Late Pick Up

- CHAMPS closes at 6:00pm. All children must be picked up no later than 6:00 pm.
- For each 15 minutes a parent is late, a \$10.00 fee is charged.
- CHAMPS must be notified if a parent is unable to meet the 6:00 pm pick up time.

## Other Fees

- A \$30.00 reinstatement fee will be charged when a child has withdrawn from the program and then re-enrolls at a later date during the school year if there is a spot is available. This fee is due per child.
- A \$10.00 Change Fee will be charged for each schedule change. This fee is due per child.

## Other

- Please mail all checks to: CHAMPS, 255 East Street, Mansfield, MA, 02048, or use the drop off box available at the Jordan Jackson and Robinson sites. For your safety, please do not send checks in your child's backpack.
- Electronic payments, checks or money orders are accepted. For your protection, we do not accept cash.
- Electronic payments can be made through Unipay. Please go to [www.mansfieldschools.com/departments/c\\_h\\_a\\_m\\_p\\_s](http://www.mansfieldschools.com/departments/c_h_a_m_p_s) and click on the Unipay Gold Icon.
- If applicable, CHAMPS will accept partial payments from parents/guardians living in separate households. It is the responsibility of the parent/guardian who signs this form to ensure that all payments are made in full, and paid on the tuition due date. CHAMPS will communicate with only one household regarding payment issues.

I understand and agree to the terms of the above stated payment contract.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CHAMPS COPY – PLEASE SIGN AND RETURN THIS COPY**

# C.H.A.M.P.S. Payment Contract

***PARENT'S COPY – PLEASE RETAIN FOR YOUR REFERENCE***

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Parent/Guardian Signature

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Date

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