



A.C.E. After School at CMS

School Year 2015 - 2016

We would like to introduce you and student child to our middle school after school program. We are excited to be able to offer an after school program at the middle school that will provide your child a safe environment to go after school.

Registration

You may enroll your student in the A.C.E. Program for 2, 3, 4 or 5 days a week. No 1 day option available.

Registration Fee

A non-refundable registration fee of \$20 (not included in your tuition) is required with each application for **NEW** registrants plus a one week deposit for all registrants.

Enrollment

Enrollment is on a first come, first serve basis. A full two-week written notification is required for all withdrawals. Tuition is refundable if you have paid in advance of the withdrawal date. No withdrawals are permitted after May 22, 2016. Registration fee and the first week deposit are non-refundable.

Registration is open for new registrants. To enroll, complete the attached registration form with a non-refundable fee of **\$20** plus one week payment to secure your spot. ***\$20 Registration Fee is for NEW registrants to the ACE program only.*** Enrollment will continue until CMS A.C.E. has received its' maximum number of students which is 55. After the maximum is reached children will be put on a waitlist and notified immediately of an opening.

Parent packets and registration packets will be emailed to all participants mid-July. All new and returning families need to complete this packet prior to your child starting A.C.E.

Financial Assistance

Child Subsidy is available through Vermont Agency of Human Services - Childcare Services Division. For an application or further information on the Vermont Childcare Subsidy Program contact 1-800-339-3367.

A.C.E. Program Mission Statement

We will:

- Provide child with an Active, Creative, Enriching after school experience.
- Provide staff who strive for excellence.
- Support parents by providing the a comfortable environment for their child.

Schedule & Calendar

The A.C.E. Program runs Monday - Friday. The program at CMS will follow the Colchester School District calendar. Our after school program begins at school dismissal until 6:00 p.m.

Cost Per Week 2015-2016

After School Care

Days Attending	1st Child	Additional Child
5 days/week	\$99	\$94
4 days/week	\$91	\$86
3 days/week	\$79	\$74
2 days/week	\$66	\$61

Tuition Costs

Tuition is due on the 15th of each month through automatic withdrawal. Tuition will cover the current month. Tuition is based on 176 days of school per calendar. Tuition is the same regardless of school closings, parent-conferences and in-service days. When school is closed, the A.C.E. program will be cancelled. There will be no credit for after school closings or delays imposed by the school district. These include any unplanned early release days and snow days. If school is closed for a full week, you are not responsible for tuition for the week. Payment is required regardless of absences.





**Colchester Parks & Recreation Department
A.C.E. After School Program at CMS
Registration Form 2015 - 2016**



GENERAL INFORMATION:

Child's Name: _____ Date of Birth: ____/____/____

Grade (2015 - 2016): _____ Age: _____ Sex: M F

Site: Colchester Middle School

Please check off days requesting for **AFTER SCHOOL PROGRAM** (must register for at least 2 days):

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

PRIMARY GUARDIAN

SECONDARY GUARDIAN

Name: _____

Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

Cell Phone: _____ Pager: _____

Cell Phone: _____ Pager: _____

E-Mail: _____

E-Mail: _____

Relationship to child: _____

Relationship to child: _____

If parents live in separate house holds who should receive the bill: _____

EMERGENCY CONTACTS (3 *MUST BE PROVIDED - OTHER THAN PRIMARY/SECONDARY GUARDIANS*):

#1 Name: _____ Relation to Child: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you give permission for Emergency Contact #1 to pick up your child: ____ YES ____ NO

#2 Name: _____ Relation to Child: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you give permission for Emergency Contact #2 to pick up your child: ____ YES ____ NO

#3 Name: _____ Relation to Child: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you give permission for Emergency Contact #3 to pick up your child: ____ YES ____ NO

Send this Registration Form along with your Registration Fee & First week Deposit to:

Colchester Parks & Recreation, c/o A.C.E. Program at CMS
PO Box 55, Colchester, VT 05446

For more information contact Jenn at Colchester Parks & Recreation at 264-5643.