



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2011-2012 MIDDLEBORO BEFORE & AFTER SCHOOL REGISTRATION FORM

Licensed by the MA Department of Early Education and Care (EEC) (ages 5-12)

### Locations:

**H.B. Burkland Elementary School Cafeteria (Grades 1-5)**

**Mary K. Goode Elementary School Cafeteria (Grades 1-5)**

**Early Childhood Memorial Center School Cafeteria (Kindergarten only)**

<p><b>Before School Care:</b> The program opens at 7am until school begins, Monday through Friday. Children are offered breakfast, and participate in quiet games and a variety of activities.</p> <p><b>\$9.00 per morning, per child</b></p>	<p><b>After School Care:</b> Care is available from school dismissal until 6pm, Monday through Friday. A healthy snack is provided. Children choose from a variety of activities that include Y Chat, homework, arts &amp; crafts, indoor/outdoor recreational activities, board games, and fun.</p> <p><b>\$19 an afternoon/ \$27.00 for both AM + PM</b></p>
<p><b>Early Release Care:</b> On early release days, the program operates at the school location from dismissal until 6pm with special activities planned. An afternoon snack is provided by the Y. Pre-registration is required to attend.</p> <p><b>\$38.00 per day.</b></p>	<p><b>School Vacation / Summer Fun Club:</b> During school vacations and in the summer the Y provides a full day program offering theme based activities and field trips. Open from 7am until 6pm excluding any holidays. Parents provide a lunch and drink. A separate registration form is required.</p> <p><b>\$38.00 per day, per child</b></p>

Please complete a separate form for each child that is registering. Return with a non-refundable \$25.00 registration fee for each child. Once we have received your registration and fee you will be sent an enrollment packet. Financial assistance for qualifying families is available.

**Contact Lynne Bisnaw or Julie Kennedy for a financial aid form or questions**

**508-947-1390 ext 11 (Lynne) ext 19 (Julie) or email [lbisnaw@oldcolonymca.org](mailto:lbisnaw@oldcolonymca.org) / [jkennedy@oldcolonymca.org](mailto:jkennedy@oldcolonymca.org)**



Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email Address \_\_\_\_\_

**PLEASE CIRCLE DAYS NEEDED (MINIMUM OF 2 DAYS REQUIRED)**

7-9 AM	\$9.00/ morning	M	T	W	TH	F
3-6 PM	\$19.00/ afternoon	M	T	W	TH	F

1<sup>st</sup> day child starts in program \_\_\_\_/\_\_\_\_/\_\_\_\_