2019-2020 Before & After School Programs

We are pleased to offer on-site before and after school programs!

Before & After School Program Coordinator:
Bonnie Houlihan, Cell: 617-838-5079 , 617-635-8840
Email: perrysmartsharks@gmail.com

Before School Program Description (Monday-Friday):
➔ Before School 7:30 AM - 9:15 AM
➔ Drop off at the East Seventh St. entrance to Cafeteria.
➔ The Before School Program is run by Perry staff, parents and outside instructors.
➔ The Before School Program runs Mondays through Fridays and is separate from Shark Squad.
➔ Breakfast will be provided for the Before School Program.

After School Program Description (Monday-Friday):
➔ After School 4:00 PM-5:45 PM (Pickup between 5:30-5:45)
➔ Pick up from the K1 classroom. Please use East Eighth St. entrance in playground area.
➔ The After School Program is run by Perry staff, parents and outside instructors.
➔ It can include homework help, arts and crafts and various other activities.
➔ After school program includes a snack for all students.

***Our Before and After School program will start on Monday September 9th and will end on Friday June 17th (or the last FULL day of school)

PAYMENT:
☑ Monthly tuition will be paid in 10 equal payments (September - June) and includes ALL school days.
☑ Families will pay the same every month regardless of how many days are in the month as some months have more or less days than others.
☑ Families will be expected to pay in advance by the FIRST OF THE MONTH. Invoices will be sent via email.
☑ Please make sure to provide a valid email address for invoicing purposes.
☑ Accepted payments: Cash, Check, Money Order (made payable to the Perry School).
☑ There are no refunds of monies paid into the program, as funding is based on expected enrollment.

**See attached Before/After School Application for application and payment information.
BEFORE AND AFTER SCHOOL 2019-2020 APPLICATION

CHILD’S INFORMATION

Child’s Name: ____________________________
Date of birth: ____________________________
Current address: __________________________
Special Medical Considerations/Allergies: ______________

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: ____________________
Relationship to Child: ____________________
Best phone number to reach you during day: 
Email address: ____________________________

Parent/Guardian Name: ____________________
Relationship to Child: ____________________
Best phone number to reach you during day: 
Email address: ____________________________

Are there any custody agreements, court orders or restraining orders pertaining to the child? 
If yes, please attach relevant court documents.

A copy of your child’s emergency form will also be held by the staff. Is there any additional information you would like us to be aware of regarding alternative dismissal and/or dismissal instructions?

BEFORE & AFTER SCHOOL PROGRAM INFORMATION & SIGN UP*

☐ I will be using the before & after school program on a drop-in basis.
☐ I would like to register and hold a consistent spot for my child in the 2019-2020 school year.

<table>
<thead>
<tr>
<th>Before School (circle all applicable days):</th>
<th>Cost/Month</th>
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| Monday Tuesday Wednesday Thursday Friday | 5 days/wk: $160
4 days/wk: $120
3 days/wk: $100
2 days/wk: $80 |

<table>
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<tr>
<th>After School (circle all applicable days):</th>
<th>Cost/Month</th>
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</table>
| Monday Tuesday Wednesday Thursday Friday | 5 days/wk: $160
4 days/wk: $120
3 days/wk: $100
2 days/wk: $80 |

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<tr>
<th>BOTH Before &amp; After School (circle all applicable days):</th>
<th>Cost/Month</th>
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| Monday Tuesday Wednesday Thursday Friday               | 5 days/wk: $300
4 days/wk: $220
3 days/wk: $180
2 days/wk: $140 |

NEW! Drop-Ins to be paid the day of use | Cost per Drop-In |
<table>
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<tr>
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<td>$10</td>
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*Any family with more than one child or in need of financial assistance for before and/or after school, please contact your child’s Homeroom Teacher, Ms. Elaine, Ms. Bonnie or Mr. Rose.

Please send this form along with payment to: The Perry School
745 E 7th St.
Boston, MA 02127

Parent Signature: ____________________________________ DATE: ________