

The After School Club 2010-2011 School Year

Monday-Friday on the Antrim School Campus

Administered by The Grapevine and Sponsored by Antrim Parks and Recreation Commission,
in Cooperation with Great Brook and Antrim Elementary Schools

Program and Fee Information

After School Club

*Home Base is the CFS room at Great Brook School on school days.

*2:15 Sign-in middle school students. Opportunity for homework, unwind, and get additional help from teachers.

*3:15-5:15 Elementary school students meet in the hallway outside the AES gym and are escorted to Great Brook by staff member. Opportunity to complete homework with support, arts/crafts, gym time, outdoors, occasional movie, clean-up and prepare for pick-up.

Fees:

	AES Students 3:15-5:15	GBS Students 2:15-5:15
Daily	\$8.00	\$10.00
Monthly	\$110.00	\$125.00

Scholarships: Partial scholarships will be awarded as funds permit.

Questions? Please direct questions about administration (including fees, scholarships, payment) and other issues regarding the program to Kristen Vance at The Grapevine 588-2620 during office hours- Mondays between 9-3, Tuesdays between 9-1, Wed-Fri between 9-Noon or email us at thegrapevine@conknet.com. Thank you!

**-This is not a ConVal sponsored program-
PLEASE KEEP THIS FOR YOUR RECORDS
(over please)**

IMPORTANT INFORMATION

Payment Policy:

*Monthly payments are due at the start of each month.

*Payments for Daily and Drop in services are due on the day of service.

Please make checks payable to: **The Grapevine**, on memo line please specify which program the check is paying for, your child's name, and month or date service was rendered.

If your child attends both programs please either write separate checks or detail explanation on memo

Attendance Policy:

If your child is going to be absent from the program or is coming to the program, please give us proper and timely notice. Please advise us in the following manner:

Contact The Grapevine. If you have not contacted the Grapevine during office hours please call the program directly. Please contact us via email as well. Above all we need to know when or if your child will be attending the program, to be sure all children arrive in a safe manner to their daily after school destinations.

*****Drop Ins, please follow these instructions to ensure there is room for your child and that staff and school staff are properly notified*****

Contacting The Grapevine: 588-2620

Monday 9:00 am-3:00

Tuesday 9:00am-1:00pm

Wednesday-Friday 9:00am-12:00

Contacting The After School Club: 588-6630 x6201

Please call this number during the program hours of 2:15-**5:15** only.

EMAIL: before.after.school.clubs@gmail.com

To report absence, need for service, and general inquiries please email us.

School Cancellations and Delays

There is no After School Club when school is cancelled or closed.

Weather Related Release: If school is dismissed before 1:30pm the After School Club is closed, if early release is issued after 1:30pm, the program will run as scheduled even if ConVal sponsored after school activities are cancelled.

(To use the Before School Club you must register separately before your child attends)

PLEASE KEEP FOR YOUR RECORDS

The After School Club 2010-2011

At Great Brook School in the CFS Room

2:15pm-5:15pm

Please indicate for which days you are registering for the after school club (if any):

___ Monday through Friday

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ **Drop-In only (if space is available)**

REGISTRATION FORM

Enrollment Date: _____

****A separate form for each participating child must be completed by a parent or guardian****

Child's Name: _____ DOB / Age: _____

Grade: _____ Teacher _____

Parent / guardian: _____

Mailing Address: _____ Street Address (if different): _____

Town: _____ Zip: _____ Email address: _____

Telephone: H: _____ W: _____ Cell: _____

Employer Name/Town _____

Parent / guardian: _____

Mailing Address: _____ Street Address (if different): _____

Town: _____ Zip: _____ Email address: _____

Telephone: H: _____ W: _____ Cell: _____

Employer Name/Town _____

Please tell us about your child (personality, likes/dislikes, other important traits / information)

Special instructions for reaching parent/guardian during program hours (cell phone, work schedule, etc.):

(over please)

Child's doctor / healthcare provider: _____ Telephone _____

Any allergies? (food, medications, environment, etc):

Emergency Contacts: (at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program)

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Non-emergency alternate pick-up person/s: Authorize the following individual/s to pick up my child from the After School Club on a non-emergency basis.

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Emergency Medical Treatment Authorization

I hereby give permission for the staff of the After School Club to provide simple first aid treatments to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by ASC personnel as soon as possible regarding any emergency involving my child.

Parent/guardian signature _____ Date: _____

Program Fees and Payment Information: Please see Fee Schedule & Payment Policy

A \$25 registration fee is due at the time of registration.

**Return completed form with \$25 registration fee to
The Grapevine PO Box 637 Antrim 03440 tel. 588-2620**