

Dear Swansea Elementary School Parent/Guardians,

We are proud to offer a Surround Care program open to Swansea children enrolled in *pre-k through grade 5 at the two elementary schools. The Luther School is used for before school care and is open at 7:00 A.M. for drop-off. The Hoyle School is used for after school care and closes at 5:30 P.M. **Please note that preschool students can only utilize afternoon Surround Care due to a later school start time.**

(A.M. at Luther/ P.M. at Hoyle)
For All Luther & Hoyle Students

All students attending morning Surround Care will use Luther School and be bused to Hoyle School by the school system. Students attending afternoon Surround Care will be bused from Luther School to Hoyle School by the school system at the end of the school day.

Surround Care will run the 180 days that school is open. It will not run during school vacations or holidays. There is NO Surround Care if there is a morning school delay. An automated call will be made if there is an early dismissal - please call the school to let them know how your child will be getting home.

Special half day Surround Care Programs during Parent/Teacher Conferences are a separate program and require separate registration. Forms are sent home at the beginning of the school year.

This program is run in coordination with the schools but at no cost to the Swansea Public Schools. The program and its employees are funded through fees paid by parents/guardians who chose to take advantage of these services.

Fees for this program must be paid on a monthly basis between the 15th & 30th of the previous month of service.
(I.E. Payment for Sept. is due by August 15th with registration, Oct. payment is due between Sept. 15th & 30th, etc.)
Bills will not be sent. Please utilize the payment books given to you.

No more than two (2) late payments will be allowed throughout the school year.
Any subsequent late payment constitutes immediate termination from the program.

Parents can choose from three options before-school care, after school care, or both. The fees are as follows:

Before-school care (7:00 A.M. until school opening)	\$8.00/day
After-school care (end of school until 5:30 P.M.)	\$8.00/day
<u>Both</u> before & after school care	\$15.00/day

In order to hire appropriate staff for the school year, the schedule that you choose for your child must stay the same for the entire year. Please note that children will only be released to their parents/guardians or anyone listed on the pick-up list located on the emergency information form.

To register your child, please fill out the attached registration and emergency form. Please send them with a check for the first month of service to:

Swansea Surround Care
C/O Hoyle Elementary School
70 Community Lane
Swansea, MA 02777

Please make checks payable to: *Town of Swansea* -No child will be registered unless ALL items are received.

The closing date for registrations is AUGUST 15, 2017– payment is due with registration. Any late registrations will result in a one week delay to start. If you have any questions regarding this program, please contact the Coordinator Karen McCabe at the Hoyle School at 508 679-4049 extension 5.

****Enrollment is not assumed from year to year. You must register your child if you wish to utilize this service. A one week delay will be enforced if you fail to register your child by the above due date– even if they have been enrolled the previous year.***

Swansea Surround Care Registration Form 2017-2018 School Year

Date _____

Parent/Guardian(s) _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please specify your child's start date and pay accordingly: _____

Child #1 Name _____

School _____ Grade _____

Check the appropriate days & times below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before-school care only	_____	_____	_____	_____	_____
After -school care only	_____	_____	_____	_____	_____
Both before & after school care	_____	_____	_____	_____	_____

Child #2 Name _____

School _____ Grade _____

Check the appropriate days & times below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before-school care only	_____	_____	_____	_____	_____
After -school care only	_____	_____	_____	_____	_____
Both before & after school care	_____	_____	_____	_____	_____

Surround Care - EMERGENCY INFORMATION

Student's Name _____ Female ()
Last Name First Name Middle Name Male ()

Address _____ Grade _____ Date of Birth _____

Parent(s)/Guardian _____ Legal/Custodian _____

Person with whom child resides _____ Relationship _____

Home Phone _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Cell Phone _____
Ext. _____

Father's Name _____ Place of Employment _____

Work Phone _____ Cell Phone _____
Ext. _____

PICK UP LIST - for Surround Care ONLY

The following is a list of adults allowed to pick up, care for and /or transport my child from Surround Care at any time. Non-family students are excluded from transporting other students. For security purposes, photo identification may be requested at time of pick-up.

Name _____	Name _____
Phone _____	Phone _____
Cell _____	Cell _____
Address _____	Address _____
Relationship _____	Relationship _____
Name _____	Name _____
Phone _____	Phone _____
Cell _____	Cell _____
Address _____	Address _____
Relationship _____	Relationship _____

PLEASE COMPLETE & SIGN THE REVERSE SIDE

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Does your child have an allergy to foods, bee, hornet or wasp stings? YES NO UNKNOWN

If yes, what is the prescribed treatment? _____

Does your child have any known handicaps such as hearing loss, vision problems, etc? YES NO
explain: _____

Does your child take any medication on a regular basis? YES NO
Please explain: _____

Must the medication be administered during Surround Care hours? YES NO
Please explain: _____

In the event of an emergency, your child will be transported to the medical facility determined by the responding EMT'S. It is understood that the school and Surround Care Employees, in arranging for transportation of your child to a hospital for emergency care, is acting as a medium of mercy and is not thereby assuming responsibility.

AUTOMATED "ONE-CALL Contact List

The "One Call Now" phone message service we use delivers automated phone calls for routine reminders and emergency notifications such as inclement weather issues or cancellations. In an effort to provide efficient contact, please add one telephone number per line for contact to be made. Please add only numbers you wish to be called. Calls will be made to all numbers listed below regardless of the type of message. **Please let us know throughout the year if any of these numbers have changed.**

Suggested numbers: home, cell, work, day care, grandparents, babysitter - PLEASE PRINT CLEARLY

Contact number _____ (preferably home telephone #)

Contact number _____ (preferably Parent/Guardian #1 cell phone #)

Contact number _____ (preferably Parent/Guardian #2 cell phone #)

Contact number _____ Description _____

I certify that I have read and understand the rules and policies outlined in the student/parent handbook.

Signature of Parent/Guardian

Date