

PROJECT KEEP 2010/2011

At

FRANKLIN, FULLER & SYMONDS ELEMENTARY SCHOOLS

Specializing in Fun & Growth After School

Our "KEEPERS" in grades K-5 experience a safe, fun, enriching, and choice-filled environment from 3:00 PM to 5:30 PM each school day. We offer:

- ★ Experienced, certified Lead Teachers
- ★ Ten to one or better child to teacher ratio
- ★ Monthly exploration and activities through varied themes
- ★ Free, Creative play ★ Special presenters ★ Crafts/projects
- ★ Homework help ★ Aerobics/sports ★ Cooking club
- ★ Field Trips ★ Computer ★ Drama

Each program is staffed with a Lead Teacher, Assistant Teacher, and Teacher Aide. Project KEEP is a FULL-TIME (5 days/week), school year program. **AFTER** September 22, part-time registrations (3 or fewer days) will be accepted *if space is available.*

TRANSPORTATION

Keep is open to students from all Keene elementary schools. Wheelock students may take a school bus to the program at Franklin Elementary and Daniels students may take a school bus to the Symonds program. Transportation home is not provided; parents/guardians/ designated adults must pick children up promptly by 5:30 PM.

COST

We have 3 options. The regular rate is \$8.50/day and the reduced rates are \$5.50/day or \$3.50/day, depending on financial need. Payments will be collected on a monthly basis payable one month in advance.

REGISTRATION

Complete the attached application and submit with payment (according to payment option selected). Don't wait! Limited number of spaces in each school.

May/June/July registration is encouraged as payment is due one month in advance. Registering after Sept. 1 will require two months payment (current and next months fees).

May to June 30: To reserve a place, please complete the application and return it to Community Education with your non-refundable \$25 deposit (per child). The balance is due on August 2ND.

After July 1st: Full payment based on option and completed application.

Payment: Choose your payment schedule according to the 3 options below. If possible, **automatic credit card deductions are the preferred method of payment.** Checks are made payable to: KEENE SCHOOL DISTRICT. (See the last page for payment by credit card).

PAYMENT SCHEDULE - OPTION #1

Regular Rate - \$8.50/day

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$178.50	21
Sept. 1	Oct.	\$170.00	20
Oct. 1	Nov.	\$153.00	18
Nov. 1	Dec.	\$136.00	16
Dec. 1	Jan.	\$161.50	19
Jan. 3	Feb	\$127.50	15
Feb. 1	Mar.	\$195.50	23
Mar. 1	Apr.	\$136.00	16
Apr. 1	May	\$178.50	21
May 2	Jun.	\$85.00	10

PAYMENT SCHEDULE - OPTION #1A

Due Date	For Month of	Fee	School Days
Aug. 2	Sept., Oct. & Nov.	\$472.00	59
Nov. 1	Dec., Jan. & Feb.	\$400.00	50
Feb. 1	Mar., Apr. & May	\$480.00	60
May 2	Jun.	\$80.00	10
(saves you a total of \$89.50)			

PAYMENT SCHEDULE - OPTION #2

Reduced Rate - \$5.50/day*

(A copy of your 2009 tax return must accompany your application)

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$115.50	21
Sept. 1	Oct.	\$110.00	20
Oct. 1	Nov.	\$99.00	18
Nov. 1	Dec.	\$88.00	16
Dec. 1	Jan.	\$104.50	19
Jan. 3	Feb	\$82.50	15
Feb. 1	Mar.	\$126.50	23
Mar. 1	Apr.	\$88.00	16
Apr. 1	May	\$115.50	21
May 2	Jun.	\$55.00	10

***Income Guidelines for Option #2**
(Reduced Rate \$5.50/day)

Household Size	Income (Equal to or Less Than)
2	\$30,308
3	\$36,788
4	\$43,268
5	\$49,752
6	\$56,229

PAYMENT SCHEDULE - OPTION #3
Reduced Rate - \$3.50/day
(Based on Free/Reduced Lunch Eligibility)

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$73.50	21
Sept. 1	Oct.	\$70.00	20
Oct. 1	Nov.	\$63.00	18
Nov. 1	Dec.	\$56.00	16
Dec. 1	Jan.	\$66.50	19
Jan. 2	Feb	\$52.50	15
Feb. 1	Mar.	\$80.50	23
Mar. 1	Apr.	\$56.00	16
Apr. 1	May	\$73.50	21
May 2	Jun.	\$35.00	10

Free/Reduced Lunch Guidelines
For Option #3
(7/1/09-6/30/10)

Household Size	INCOME (Equal to or Less Than)		
	Yearly	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	\$26,955	\$2,247	\$519
3	\$33,874	\$2,823	\$652
4	\$40,793	\$3,400	\$785
5	\$47,712	\$3,976	\$918
6	\$54,631	\$4,553	\$1,051

The rate of \$3.50/day is available to families meeting Free and Reduced Lunch guidelines (see chart above). To save you time and effort in demonstrating eligibility, the information you give on your Free & Reduced Price School Meals application may be shared with Project KEEP if you give us your permission.

Please check:

_____ NO! I DO NOT want information from my Free & Reduced Price School Meals application shared with KEEP. (In this case, to demonstrate eligibility for Option 3, we will need a copy of your 2009 tax return).

_____ YES! I DO want school officials to share information from my Free & Reduced Price School Meals application with Project KEEP.

If you checked yes, please fill out the information below and we will send it to the Keene School District Food Service Program.

Child's Name: _____ School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

Date: _____

For more information regarding your Free & Reduced Price School Meals application, you may call Maureen Wells, Director, Keene Food Services, at 357-9011.

Office Use Only

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PROJECT KEEP 2010/2011 STUDENT INFORMATION/PERMISSION FORM

Student Name: _____ Grade: _____

Students School: _____

To Attend Project KEEP at: Fuller Franklin Symonds

Participation: Full-time *Part-Time Circle Days: Mon. Tue. Wed. Thur. Fri.

***NOTE: REGISTRATIONS ACCEPTED AFTER SEPT. 22 FOR PART-TIME IF SPACE IS AVAILABLE.**

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Parent #1: _____ Cell: _____ Work: _____ (ext.) _____

Parent #2: _____ Cell: _____ Work: _____ (ext.) _____

Emergency Contact: _____ Phone Number: _____

PLEASE LIST ANY SPECIAL LEARNING OR MEDICAL CONDITIONS: _____

PROJECT KEEP STAFF ARE NOT ABLE TO DISPENSE MEDICATIONS. HOWEVER, IF YOUR CHILD TAKES MEDICINE FOR AN EMERGENCY (AN INHALER OR EPI-PEN FOR EXAMPLE), THEN PLEASE ADVISE US OF THIS IN THE SPACE BELOW. WE WILL WORK WITH YOU AND THE SCHOOL NURSE TO DEVISE A PLAN TO ADDRESS EMERGENCY MEDICATION.

Please indicate the time your child will be picked up (May be earlier than 5:30 p.m., but must be no later). _____

List the names of the adults able to pick up your child. (These are the only individuals who will be able to pick up your child, unless we have written permission from you. An I.D. is required.) PLEASE PRINT

1. _____ 3. _____

2. _____ 4. _____

Media Release: I give my consent I do not give my consent
to the Keene School District Community Education Program to use my child's photograph and/or comments to publicize Project KEEP. I understand that such photographs and/or remarks could appear in *Scanning the Schools*, in program brochures or flyers, and in other news media.

I give permission for my child to participate in Project KEEP, and to participate in field trips scheduled during the year. I have read and understand the policies regarding Project KEEP outlined on the attached page.

Parent/Guardian Signature

Date

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PAYMENT

Student Name: _____

Parent/Guardian Name: _____

To Attend Project KEEP at: Fuller Franklin Symonds

May to June 30: To reserve a place, please complete the information on this page and the application on the reverse side of this form and return it to Community Education with your non-refundable \$25 deposit (per child). The balance is due on August 2nd.

After July 1st: Full payment based on option and completed application.

May/June/July registration is encouraged as payment is due one month in advance. Registering after Sept. 1 will require two months payment (current and next month's fees).

Check enclosed *Checks are made payable to Keene School District*

Charge to my Mastercard VISA

Card Number _____ Expiration Date _____

*Card I.D. # _____ Cardholder's Signature _____

*Last 3 digits of number found within the signature box on the back of your card.

Please sign here if you would like us to automatically charge your credit card on a monthly basis for your chosen pay option: #1 #1A #2 #3

Signature: _____ Date _____

Note: If you selected the automatic credit card payment you can, at any time, pay by check as long as we receive payment PRIOR to the due date. Credit cards will be billed on the due date.

Mail completed application with payment (include 2009 income tax return and/or free and reduced information sheet if applicable to the option you choose) to the address below:

SEND APPLICATION & PAYMENT TO:

COMMUNITY EDUCATION
171 WEST ST.
KEENE, NH 03431

Phone: 603-357-0088

Fax: 603-357-9070

This form must be received before students can attend Project KEEP