

PROJECT KEEP 2018/2019

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, well-qualified Program Leaders and Assistants
- * Safe, school-based environment
- * Healthy balance of free play and choice activities
- * Homework help * Crafts/projects
- * Exercise/sports * Games to encourage leadership & cooperation

Project KEEP is a FULL-TIME (5 days/week), school year program. KEEP will not be held on early release days or on teacher workshop days.

TRANSPORTATION

KEEP IS OPEN TO STUDENTS FROM ALL KEENE ELEMENTARY SCHOOLS. Wheelock students may take a school bus to the program at Franklin Elementary. 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 \$9.25/day and the reduced rates are \$6.25/day or \$5.00/day, depending on financial need. Payments will be collected on a monthly basis payable one month in advance, and calculated based on the number of school days per month. We are not able to pro-rate for days your child is out of Project KEEP for illness, other reasons, or is picked up before 5:30 PM.

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 Aug. 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 registration fee (per child). The first payment is due on August 1st.

After July 1st: Full payment based on option, \$25 registration fee (per child) and completed application.

Payment: Choose your payment schedule according to the 3 options below. 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 - \$9.25/day (equates to \$3.70/hr.)

Due Date	For Month of	Fee	School Days
Aug. 1	Aug./Sept.	\$203.50	22
Sept. 4	Oct.	\$194.25	21
Oct. 1	Nov.	\$166.50	18
Nov. 1	Dec.	\$129.50	14
Dec. 3	Jan.	\$175.75	19
Jan. 2	Feb.	\$148.00	16
Feb. 1	Mar.	\$166.50	18
Mar. 1	Apr.	\$157.25	17
Apr. 1	May	\$194.25	21
May 1	Jun.	\$83.25	9

PAYMENT SCHEDULE - OPTION #1A

Due Date	For Month of	Fee	School Days
Aug. 1	Aug./Sept., Oct. & Nov.	\$549.00	61
Nov. 1	Dec., Jan. & Feb.	\$441.00	49
Feb. 1	Mar., Apr. & May	\$504.00	56
May 1	Jun.	\$81.00	9
(saves you a total of \$43.75)			

PAYMENT SCHEDULE - OPTION #2
(Based on Reduced Lunch Eligibility)

Due Date	For Month of	Fee	School Days
Aug. 1	Aug./Sept.	\$137.50	22
Sept. 4	Oct.	\$131.25	21
Oct. 1	Nov.	\$112.50	18
Nov. 1	Dec.	\$87.50	14
Dec. 3	Jan.	\$118.75	19
Jan. 2	Feb.	\$100.00	16
Feb. 1	Mar.	\$112.50	18
Mar. 1	Apr.	\$106.25	17
Apr. 1	May	\$131.25	21
May 1	Jun.	\$56.25	9

Reduced Rate - \$6.25/day (equates to \$2.50/hr.)
Reduced Rate Lunch Guidelines
for Option #2
(7/1/18-6/30/19)

Household Size	Income (Equal to or Less Than)
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419

PAYMENT SCHEDULE - OPTION #3
(Based on Free Lunch Eligibility)

Reduced Rate - \$5.00/day (equates to \$2.00/hr.)

Free Lunch Guidelines

For Option #3

(7/1/18-6/30/19)

Due Date	For Month of	Fee	School Days
Aug. 1	Aug./Sept.	\$110.00	22
Sept. 4	Oct.	\$105.00	21
Oct. 1	Nov.	\$90.00	18
Nov. 1	Dec.	\$70.00	14
Dec. 3	Jan.	\$95.00	19
Jan. 2	Feb	\$80.00	16
Feb. 1	Mar.	\$90.00	18
Mar. 1	Apr.	\$85.00	17
Apr. 1	May	\$105.00	21
May 1	Jun.	\$45.00	9

Household Size	INCOME (Equal to or Less Than)		
	Yearly	Monthly	Weekly
1	\$15,782	\$1,316	\$304
2	\$21,398	\$1,784	\$412
3	\$27,014	\$2,252	\$520
4	\$32,630	\$2,720	\$628
5	\$38,246	\$3,188	\$736
6	\$43,862	\$3,656	\$844

The rate of \$5.00/day or \$6.25/day is available to families meeting Free and Reduced Lunch guidelines (see charts 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.

FOR FREE AND REDUCED LUNCH ELIGIBILITY ONLY - 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 2 or 3, we will need a copy of your 2017 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 Carolyn Paris, Director, Keene Food Services, at 357-9011.

PROJECT KEEP 2018/2019 STUDENT INFORMATION/PERMISSION FORM

Student Name: _____ Grade (Fall 2018): _____

Students School: _____

To Attend Project KEEP at: Fuller Franklin Symonds

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

Pay Option: #1 #1A #2 #3 (Refer to Payment Schedules)

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

over

**PROJECT KEEP 2018/2019
PAYMENT**

Student Name: _____

Parent/Guardian Name: _____

To Attend Project KEEP at: Fuller Franklin Symonds

Pay Option: #1 #1A #2 #3

Option 2 & 3 Refer to guidelines
Include a copy of your 2017 tax return

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 registration fee (per child). The first payment is due on August 1st.

After July 1st: Full payment based on option, \$25 registration fee 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 2017 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, 227 MAPLE AVE, KEENE, NH 03431 (Jonathan Daniels School)

Phone: 603-357-0088 Fax: 603-357-9070 www.keenecommunityed.org
This form must be received before students can attend Project KEEP