

PROJECT KEEP 2020/2021

At

WHEELLOCK, 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 2:45 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.

COST

We have 3 options. The regular rate is \$10.25/day and the reduced rates are \$7.25/day or \$6.00/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. Children must be picked up promptly by 5:30PM (we reserve the right to charge \$25 for late pickups).

REGISTRATION

Pre-registration is required and June/July registration is encouraged due to the limited number of spaces at each school. A non-refundable \$25 registration fee (per child) is due with the first month's payment on August 1st.

The best method of registration at this time is via Email - send your completed application to ewhite@sau29.org. You will receive email confirmation within 24-48 hours. You may also mail completed application (include 2019 income tax return and/or free and reduced information sheet if applicable to your payment option) 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 and approved before students can attend Project KEEP

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

PAYMENT SCHEDULE - OPTION #1

Regular Rate - \$10.25/day

Due Date	For Month of	Fee	School Days
AUG. 3RD	Aug./Sept.	\$246.00	24
SEPT. 1ST	Oct.	\$215.25	21
OCT. 1ST	Nov.	\$164.00	16
NOV. 2ND	Dec.	\$153.75	15
DEC. 1ST	Jan.	\$174.25	17
JAN. 4TH	Feb.	\$153.75	15
FEB. 1ST	Mar.	\$215.25	21
MAR. 1ST	Apr.	\$174.25	17
APR. 1ST	May	\$194.75	19
MAY 3RD	Jun.	\$102.50	10

PAYMENT SCHEDULE - OPTION #1A

Quarterly Payments - \$10.00/day

Due Date	For Month of	Fee	School Days
Aug. 3	Aug./Sept., Oct. & Nov.	\$610.00	61
Nov. 2	Dec., Jan. & Feb.	\$470.00	47
Feb. 1	Mar., Apr. & May	\$570.00	57
May 3	Jun.	\$100.00	10
(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. 3RD	Aug./Sept.	\$174.00	24
SEPT. 1ST	Oct.	\$152.25	21
OCT. 1ST	Nov.	\$116.00	16
NOV. 2ND	Dec.	\$108.75	15
DEC. 1ST	Jan.	\$123.25	17
JAN. 4TH	Feb.	\$108.75	15
FEB. 1ST	Mar.	\$152.25	21
MAR. 1ST	Apr.	\$123.25	17
APR. 1ST	May	\$137.75	19
MAY 3RD	Jun.	\$72.50	10

Option #2 Reduced Rate - \$7.25/day

Reduced Rate Lunch Guidelines

(based on 2019 tax return)

Household Size	Income (Equal to or Less Than)
2	\$31,894
3	\$40,182
4	\$48,470
5	\$56,758
6	\$65,046

PAYMENT SCHEDULE - OPTION #3

(Based on Free Lunch Eligibility)

Due Date	For Month of	Fee	School Days
AUG. 3RD	Aug./Sept.	\$144.00	24
SEPT. 1ST	Oct.	\$126.00	21
OCT. 1ST	Nov.	\$96.00	16
NOV. 2ND	Dec.	\$90.00	15
DEC. 1ST	Jan.	\$102.00	17
JAN. 4TH	Feb.	\$90.00	15
FEB. 1ST	Mar.	\$126.00	21
MAR. 1ST	Apr.	\$102.00	17
APR. 1ST	May	\$114.00	19
MAY 3RD	Jun.	\$60.00	10

Option #3 Reduced Rate - \$6.00/day

Free Lunch Guidelines

(based on 2019 tax return)

Household Size	INCOME (Equal to or Less Than)		
	Yearly	Monthly	Weekly
2	\$22,412	\$1,868	\$431
3	\$28,236	\$2,353	\$543
4	\$34,060	\$2,839	\$655
5	\$39,884	\$3,324	\$767
6	\$45,708	\$3,809	\$879

The rate of \$6.00/day or \$7.25/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 2019 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 2020/2021 STUDENT INFORMATION/PERMISSION FORM

Student Name:

Grade (Fall 2020):

--	--

Students School:

To Attend Project KEEP at: Fuller Franklin Symonds Wheelock

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:

PLEASE NOTE: 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 ABOVE. 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 program brochures or flyers, on the Keene Community Education and/or Keene School District website and social media, 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 that will be announced to families before-hand and may require bus transportation or walking to an off-site location. I have read and understand the policies regarding Project KEEP outlined on the attached page.

Parent/Guardian Signature

Date

--	--

over

**PROJECT KEEP 2020/2021
PAYMENT**

Student Name:

Parent/Guardian Name:

--	--

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

Refer to guidelines for Option 2 & 3 (copy of your 2019 tax return required for Option 2&3 only)

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 . A non-refundable \$25 registration fee (per child) is due with the first month's payment on August 1st.

Applications submitted after August 1st MUST include the Full August payment based on option, \$25 registration fee and completed application.

OPTION A: ACH AUTOMATIC PAYMENTS (New in 2020!)

Please automatically debit my checking account each month (No processing fee!)

Name on Account _____ Bank Name _____

Routing # _____ Account # _____ *Voided check or photocopy required

Authorized Signature _____ (required)

OPTION B: AUTOMATIC CREDIT/DEBIT CARD PAYMENTS

Please automatically charge my Mastercard/VISA * Please note: Due to increased credit card fees there will now be a 2% processing fee applied to each transaction

Card Number _____ Expiration Date _____

*Card I.D. # _____ Cardholder's Signature _____ (required)

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

OPTION C: MAIL IN OR DROP OFF PAYMENT to 227 Maple Ave. - Credit/Debit card or checks payable to Keene School District. Any payments received after the 10th of each month will incur a \$25 late fee. (No payments accepted by the staff at Project Keep sites)

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.