

PROJECT KEEP 2021/2022

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 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 (175 days in total). KEEP will not be held on early release days, school vacations, teacher workshop days or the last (half) day of school.

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 \$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.

REGISTRATION

Complete the attached application and submit with registration fee (\$25/family). Don't wait! Limited number of spaces in each school.

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 family).

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

Payment: Choose your payment schedule according to the 3 options below. Automatic credit card or ACH deductions are the preferred methods of payment.

Checks are made payable to: **KEENE SCHOOL DISTRICT.** (See the last page for ACH or credit card automatic payments).

PAYMENT SCHEDULE - OPTION #1

Regular Rate - \$10.25/day

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$215.25	21
Sept. 1	Oct.	\$205.00	20
Oct. 4	Nov.	\$174.25	17
Nov. 1	Dec.	\$153.75	15
Dec. 1	Jan.	\$184.50	18
Jan. 3	Feb.	\$153.75	15
Feb. 1	Mar.	\$215.25	21
Mar. 1	Apr.	\$164.00	16
Apr. 1	May	\$205.00	20
May 2	Jun.	\$123.00	12

PAYMENT SCHEDULE - OPTION #1A

Quarterly Rate - \$10.00/day

Due Date	For Month of	Fee	School Days
Aug. 2	Sept., Oct. & Nov.	\$580.00	58
Nov. 1	Dec., Jan. & Feb.	\$480.00	48
Feb. 1	Mar., Apr. & May	\$570.00	57
May 2	Jun.	\$120.00	12

(saves you a total of \$43.75)

PAYMENT SCHEDULE - OPTION #2

(Based on eligibility table to the right)

Reduced Rate - \$7.25/day

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$152.25	21
Sept. 1	Oct.	\$145.00	20
Oct. 4	Nov.	\$123.25	17
Nov. 1	Dec.	\$108.75	15
Dec. 1	Jan.	\$130.50	18
Jan. 3	Feb.	\$108.75	15
Feb. 1	Mar.	\$152.25	21
Mar. 1	Apr.	\$116.00	16
Apr. 1	May	\$145.00	20
May 2	Jun.	\$87.00	12

Reduced Rate Lunch Guidelines for Option #2

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 eligibility table to the right)
 Reduced Rate - \$6.00/day

Due Date	For Month of	Fee	School Days
Aug. 2	Sept.	\$126.00	21
Sept. 1	Oct.	\$120.00	20
Oct. 4	Nov.	\$102.00	17
Nov. 1	Dec.	\$90.00	15
Dec. 1	Jan.	\$108.00	18
Jan. 3	Feb.	\$90.00	15
Feb. 1	Mar.	\$126.00	21
Mar. 1	Apr.	\$96.00	16
Apr. 1	May	\$120.00	20
May 2	Jun.	\$72.00	12

Free Lunch Guidelines
 For Option #3

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

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, otherwise you are required to provide the first 2 pages of your 2020 federal income tax return.

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 2020 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 2021/2022 STUDENT INFORMATION/PERMISSION FORM

Student Name: _____ Grade (Fall 2021): _____

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 2021/2022
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 2020 tax return)

OPTION A: AUTOMATIC CREDIT/DEBIT CARD PAYMENTS (2% processing fee per transaction)
Charge to my Mastercard VISA
Card Number _____ Expiration Date _____
*Card I.D. # _____ Authorization Signature _____ (required)
*Last 3 digits of number found within the signature box on the back of your card.

OPTION B: ACH AUTOMATIC PAYMENTS # (Voided check or photocopy required; no processing fee)
Name on Account _____ Bank Name _____
Routing # _____ Account # _____
Authorized Signature _____ (required)

OPTION C: MAIL IN OR DROP OFF PAYMENT to 227 Maple Ave. - Credit/Debit card, cash 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 ACH (no fee) or credit card (with 2% processing fee) payments on a monthly basis for your pay option:

Signature: _____ Date _____

Mail, Scan or Drop Off completed application with payment (include 2020 income tax return and/or free and reduced information sheet if applicable to the option you choose)

SEND APPLICATION & PAYMENT TO:
COMMUNITY EDUCATION, 227 MAPLE AVE, KEENE, NH 03431 (Jonathan Daniels School)
Or via email to: ewhite@sau29.org

Phone: 603-357-0088 Fax: 603-357-9070 www.keenecommunityed.org

This form must be received before students can attend Project KEEP and WILL NOT be accepted at your child's school.