

The Learning Cooperative

of Salem Family Resources-Success By 6

Program Choice Form SAU 2020-2021

In Collaboration with the Salem School District Preschool

Child's Name	Date of Birth	Male/Female
Parent/Guardian Name(s)		
Mailing Address		
Home and Cell Phones		
Email Addresses		
Sibling name(s) and age(s)		
How did you hear about us?		

Program runs September to mid-June, following the Salem School District Calendar, with Summer Program Options

Afternoon Program - 3 year olds:			
2 days	11:15- 3:15	\$ 48 per week	\$192 per month
Full Day	8:30- 3:30	\$ 50 per week	\$200 per month
Half Day		\$ 25 per half day	

Morning Program 4 year olds:			
2 days	8:30-12:15	\$ 48 per week	\$192 per month
4 days	8:30-12:15	\$ 96 per week	\$384 per month
Full Day	8:30- 3:30	\$ 50 per day	\$200 per month
Half Day		\$ 25 per half day	

2-Year Olds	2-Day	8:30-11:30	\$235
	3-Day	8:30-11:30	\$345

After School Kindergarteners to Age 10	3:00-4:00	\$ 8 per day	\$160 per month
Delayed Opening/Early Dismissal	additional half day		\$ 25 per session

Additional Hours- 8:30-3:30 =\$6 per hour. After 3:30=\$8 per hour	Cost per hour:	Drop in \$10	Paid in Advance \$8
Salem School District Staff/others needing alternate hours; please ask.			

Registration confirmation requires on-site meeting with Salem Family Resources
SFR reserves options to match families with programs offered.

Registration Fee: \$75	\$
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Program Selected: _____ **Weekly/Monthly \$** _____

Additional Hours? _____ **Weekly/Monthly \$** _____

Total of first payment due for program, additional hours and registration fee:	\$
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Checks payable to: **Salem Family Resources**

RECEIVED: Amount _____	Date: _____
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Parent/Guardian Signature: _____ Date: _____

Program Choice Form SAU parent signature page- 2020-2021

Child's Name		Date of Birth:
Parent/Guardian Name(s)		

Obligations and Agreements

1. SFR reserves the option to match families with programs offered; enrollment may be provisional until it is determined that the program is a match for the student.

2. **Tuition & Registration Fees:**
 - Registration fee reserves a spot in the program for which you are registering and is non-refundable. (unless SFR determines that the program is not a match, within the first month.)
 - Monthly tuition payments are due the 1st week of each month.
Please don't put us in the position of having to ask for your tuition payments.
 - Late payments, after the first full week of each month, are subject to a \$20 late fee.
 - Changes and/or additions to program choices require a new form, but NO additional registration fees.

3. The State of NH Emergency Form, and Health Form **signed by a physician** with **dates of immunizations and physical exam within one year** must be submitted in order for a child to attend. Please keep **Health Forms up-to-date** with updated records of your child's physicals, immunizations, allergies and/or other medical conditions.

4. Children should not attend school if showing signs of illness, according to State of NH licensing regulations. Please notify the school if your child will be absent; email or phone.

5. If you will be late picking up, please contact the school as soon as possible.

6. Notice from a parent/guardian is required if someone other than those designated on your contact form will be picking up your child.

7. Soliciting that is not for school fundraising is not allowed.

8. I agree to the confidentiality policy: **All staff, parents, and visitors are expected to respect the confidentiality of information regarding all children and their families.**

9. Any person with a concern about any aspect of the school or the facility has the responsibility to contact the Director of Salem Family Resources-Success By 6

10. TLC follows the Salem School District calendar and **school closing/delays/early release for weather-** with notification on **WMUR TV as *The Learning Cooperative of SFR.***

11. Two (2) weeks written notice must be made to the director if a child is to be withdrawn from the school, with tuition due for that period of time.

Parent/Guardian Signature _____ Date _____