

Framingham Centre Nursery School

24 Vernon Street, Framingham, MA 01701
PH 508-875-8260 / FAX 508-879-5780 / www.fcnsma.org

EXTENDED CARE ENROLLMENT Worksheet 2022/2023

Child's Name: _____

Date: _____

FCNS offers enrollment flexibility to families for additional extended hours.

Options include:

- **BEFORE-SCHOOL CARE** (7:30am – 9:00am)
- **STAY & PLAY** (1:00pm – 3:00pm)
- **AFTER-SCHOOL CARE** (3:00pm - 5:00pm)

These extended hours are for families who may need more flexible enrollment options. The monthly contracted rates for regularly enrolled Before-School Care, Stay & Play and After-School Care children will be paid on the same ten-month schedule as tuition. Should you not need these times on a regular basis, you can request that your child attend as a drop-in but space is not guaranteed. Any drop-ins must be requested 48 hours in advance to confirm availability. Please call the office (508-875-8260) or email me at jnorton@fcnsma.org if you have any questions.

BEFORE-SCHOOL CARE

Before-School Care is from 7:30am - 9:00am. Drop-ins available space permitting.

Daily **CONTRACTED** rates for Early Arrival:

7:30am – 9:00am	\$19.50
8:00am – 9:00am	\$13.00
8:30am – 9:00am	\$ 6.50

Daily **DROP-IN** rates for Early Arrival:

7:30am – 9:00am	\$24.00
8:00am – 9:00am	\$16.00
8:30am – 9:00am	\$ 8.00

STAY & PLAY

Stay & Play is available to students who attend the 4-hour program. Drop-ins available space permitting.

Daily **CONTRACTED** rates for Stay Day: \$29.00

Daily **DROP-IN** rate for Stay Day: \$35.00

AFTER-SCHOOL CARE

After-School Care is from 3:00pm to 5:00pm. Drop-ins available space permitting.

Daily **CONTRACTED** rates for Extended Day:

3:00pm – 4:00pm	\$13.00
3:00pm – 5:00pm	\$26.00

Daily **DROP-IN** rates Extended Day:

3:00pm – 4:00pm	\$16.00
3:00pm – 5:00pm	\$32.00

Please note that After-School Care ends promptly at 5:00pm.

Late fees are charged at \$5.00/minute after scheduled pick up time.

Child's Name: _____

Date: _____

EXTENDED CARE WORKSHEET FOR THE 2022/2023 SCHOOL YEAR – page 1

Before-School Care Days per Week	7:30am – 9:00am		8:00am – 9:00am		8:30am – 9:00am	Total Before-School Care for Specific Days
Monday	<input type="checkbox"/> (\$68)	<u>OR</u>	<input type="checkbox"/> (\$46)	<u>OR</u>	<input type="checkbox"/> (\$23)	
Tuesday	<input type="checkbox"/> (\$68)	<u>OR</u>	<input type="checkbox"/> (\$46)	<u>OR</u>	<input type="checkbox"/> (\$23)	
Wednesday	<input type="checkbox"/> (\$68)	<u>OR</u>	<input type="checkbox"/> (\$46)	<u>OR</u>	<input type="checkbox"/> (\$23)	
Thursday	<input type="checkbox"/> (\$68)	<u>OR</u>	<input type="checkbox"/> (\$46)	<u>OR</u>	<input type="checkbox"/> (\$23)	
Friday	<input type="checkbox"/> (\$68)	<u>OR</u>	<input type="checkbox"/> (\$46)	<u>OR</u>	<input type="checkbox"/> (\$23)	
Total Per Month						

BEFORE-SCHOOL CARE ENROLLMENT:

Using the table, please indicate which day(s) and time(s) per week you would like to sign up for by putting an "X" in the 8:00am – 9:00am OR the 8:30am – 9:00am column. Tally the total cost for each set of days per month in the last column. The **"Total per Month"** at the bottom of the table is your total cost for **Before-School Care** and is added to your monthly tuition amount.

Example: if you signed up for Before-School Care from 8:00am – 9:00am on MW and 8:30 – 9:00am on F, you would write in \$46 for Monday and Wednesday, and \$23 for Friday under **"Total for Specific Days"**. In the example given, you would write \$115 under **"Total per Month"**.

STAY & PLAY ENROLLMENT:

Using the table to the right, please indicate which day(s) per week you would like to sign up for by putting an "X" appropriate box(es). Finally, please tally the total cost for each set of days per month in the last column. The **"Total per Month"** at the bottom of the table is your total cost for **Stay & Play** and is added to your monthly tuition amount.

Stay & Play Days per Week	1:00pm – 3:00pm	Total Stay & Play for Specific Days
Monday	<input type="checkbox"/> (\$102)	
Tuesday	<input type="checkbox"/> (\$102)	
Wednesday	<input type="checkbox"/> (\$102)	
Thursday	<input type="checkbox"/> (\$102)	
Friday	<input type="checkbox"/> (\$102)	
Total Per Month		

Child's Name: _____

Date: _____

EXTENDED CARE WORKSHEET FOR THE 2022/2023 SCHOOL YEAR – page 2

After-School Care Days per Week	3:00pm – 4:00pm		3:00pm – 5:00pm	Total After-School Care for Specific Days
Monday	<input type="checkbox"/> (\$46)	OR	<input type="checkbox"/> (\$91)	
Tuesday	<input type="checkbox"/> (\$46)	OR	<input type="checkbox"/> (\$91)	
Wednesday	<input type="checkbox"/> (\$46)	OR	<input type="checkbox"/> (\$91)	
Thursday	<input type="checkbox"/> (\$46)	OR	<input type="checkbox"/> (\$91)	
Friday	<input type="checkbox"/> (\$46)	OR	<input type="checkbox"/> (\$91)	
Total Per Month				

AFTER-SCHOOL CARE ENROLLMENT:

Using the table, please indicate which day(s) and time(s) per week you would like to sign up for by putting an "X" in the 3:00pm-4:00pm **OR** 3:00pm-5:00pm columns. Tally the total cost for each set of days per month in the last column. The **"Total per Month"** at the bottom of the table is your total cost for **After-School Care** and is added to your monthly tuition amount.

Enrollment Options	Total Cost per option
4-hour Class or 6-hour Class Monthly tuition	
Before-School Care	
Stay & Play	
After-School Care	
Total monthly tuition	

Please record the cost per month of each block of time you would like to enroll your child.

Example: MWF 8am to 4pm enrollment

6-hour Class =	\$882.00	Mon/Wed/Fri
Before-School Care =	\$138.00	(\$46 x 3 days)
Stay & Play =		
After-School Care =	\$138.00	(\$46 x 3 days)
Total monthly tuition = \$1,158.00		

This amount will be billed monthly for 10 installments starting with **April 1, 2022** then September 1, 2022 through May 1, 2023.

Security Deposits (1st payment) are due April 1st. This payment is for the June 2023 tuition. It is non-refundable and non-transferable to any other month's tuition regardless of mid-year withdrawal from FCNS.

Please register _____ for the extended care indicated on this form.
Child's name

Parent Signature _____ **Date** _____