

AFTER THE BELL

A before and after school program of Norwalk Public Schools

Dear Kendall School families:

The Before & After School Program at Kendall School is called **After the Bell**. It is managed by the Norwalk Public Schools, with staffing provided by The Child Guidance Center of Mid-Fairfield County, and enrichment class assistance by the Norwalk Education Foundation. **Your payment will be made to the Norwalk Public Schools.**

All payments and registration will be centralized at the offices of Norwalk Public Schools' Central Office at City Hall.

There is a one time **registration fee of \$25 per family**, to be included with your first payment. To assist you, we will be holding two sign-up days at City Hall, 125 East Avenue, 3rd Floor, on the following dates:

Monday, August 24th from 4-8pm, Conference Room 322
Monday, August 31st from 4-8pm, Conference Room 322

You can also **register by mail** up to August 28th, to the address on this letter. The registration forms and parent handbook can be downloaded at www.norwalkeducation.org. The parent handbook is very important. It has everything you need to know including rules, delayed schedule, and student expectations. Payment instructions are included on the registration form.

Snacks will be provided through Whitson's, the same folks who provide school lunch. In addition, parent and student surveys will be conducted twice a year to evaluate the program's quality.

It is a pleasure to serve the families of Kendall School. We are looking forward to a successful 2009-2010 school year.

If you have any questions, you may call (203) 854-4150.

Regards,

Rose Bernheim
Site Manager
After The Bell, Kendall School

125 East Avenue, 3rd Floor, Norwalk, CT 06852

AFTER THE BELL

Un programa extracurricular antes y después del horario escolar de las Escuelas Públicas de Norwalk

Estimadas familias de la Escuela Kendall:

El programa extracurricular antes y después del horario escolar de la Escuela Kendall se llama **After the Bell**. Lo administran las Escuelas Públicas de Norwalk (*Norwalk Public Schools*) con personal provisto por el Centro de Orientación para Menores (*Child Guidance Center*) del condado de la zona central de Fairfield y ayuda de clases de enriquecimiento por parte de la Fundación de Educación de Norwalk (*Norwalk Education Foundation*). **Su pago se hará a las Escuelas Públicas de Norwalk.**

Todos los pagos e inscripciones se centralizarán en las oficinas de la Oficina Central de las Escuelas Públicas de Norwalk en la Municipalidad.

Se requiere una **cuota de inscripción única de \$25 por familia** que se incluirá en su primer pago.

Para ayudarlos, realizaremos dos días de inscripción en la Municipalidad, 125 East Avenue, Tercer Piso, en las siguientes fechas:

Lunes, 24 de agosto, de 4 de la tarde a 8 de la noche, Sala de Conferencias 322

Lunes, 31 de agosto, de 4 de la tarde a 8 de la noche, Sala de Conferencias 322

También pueden **inscribirse por correo postal** hasta el 28 de agosto, escribiendo a la dirección incluida en esta carta. Los formularios de inscripción y el manual para padres pueden descargarse en www.norwalkeducation.org. El manual para padres es muy importante ya que contiene todo lo que necesitan saber incluyendo las reglas, los programas retrasados, y las expectativas de los estudiantes. Se incluyen las instrucciones de pago en el formulario de inscripción.

Se proveerán bocaditos a través de Whitson's, la misma gente que provee almuerzos escolares. Además, se realizarán encuestas a padres y estudiantes dos veces al año para evaluar la calidad del programa.

Es un placer servir a las familias de la Escuela Kendall. Esperamos poder lograr que el año escolar 2009-2010 sea exitoso.

Si tienen alguna pregunta, pueden llamar al (203) 854-4150.

Saludos,

Rose Bernheim
Gerente General
After The Bell, Escuela Kendall

125 East Avenue, 3rd Floor, Norwalk, CT 06852

AFTER THE BELL

A Before and Afterschool Program of The Norwalk Public Schools

MONTHLY FEE SCHEDULE*

2009 – 2010

		Full Rate per Child	Eligible for Reduced Lunch	Eligible for Free Lunch
5 days/week	AM	\$ 175.00	\$ 131.25	\$ 87.50
	PM	\$ 225.00	\$ 168.75	\$ 112.50
	AM & PM	\$ 335.00	\$ 251.25	\$ 167.50
4 days/week	AM	\$ 140.00	\$ 105.00	\$ 70.00
	PM	\$ 200.00	\$ 150.00	\$ 100.00
	AM & PM	\$ 300.00	\$ 225.00	\$ 150.00
3 days/week	AM	\$ 100.00	\$ 75.00	\$ 50.00
	PM	\$ 150.00	\$ 112.50	\$ 75.00
	AM & PM	\$ 225.00	\$ 168.75	\$ 112.50
2 days/week	AM	\$ 70.00	\$ 52.50	\$ 35.00
	PM	\$ 100.00	\$ 75.00	\$ 50.00
	AM & PM	\$ 150.00	\$ 112.50	\$ 75.00
1 day/week	AM	\$ 35.00	\$ 26.25	\$ 17.50
	PM	\$ 50.00	\$ 37.50	\$ 25.00
	AM & PM	\$ 75.00	\$ 56.25	\$ 37.50

*Fees may be subject to change.

Don't forget to include the yearly \$25.00 per family Registration Fee with your payment.

NORWALK PUBLIC SCHOOLS

AFTER THE BELL

A Before and After School Program

Kendall School - Academic/Enrichment Program

Internal Use Only

Enrollment Date: _____

Reg Fee __M__ T__ W__ Th__ F__

AM__ PM__ Red__ Free__ 1st Ck # _____

Enrich/Acad. Program Only: _____

Monthly Fee: _____

1) General Information:

Child's Last Name: _____
Child's First Name: _____
Grade: _____
Home Phone #: _____
Street Address: _____
Zip Code: _____
Child's Birth date: _____
Child's Age: _____
Child's Sex (M or F): _____

Child lives with (check one):

Both Parents
Mother
Father
Grandparent(s)

Other (please list) _____

Parent or Guardian Last Name: _____
Parent or Guardian First Name: _____
Address if different from child's: _____
Home Phone # _____
Cell Phone # _____
Work Phone # _____
Email Address: _____

2) Medical Information:

Does your child have any allergies?

Yes

No

If yes, to what? _____

Please describe any of your child's medical conditions that we should be aware of: _____

3) IN CASE OF EMERGENCY:

Child's Physician(s): _____
Phone #: _____

Child's Dentist(s): _____
Phone #: _____

I hereby give permission for any medical professional listed above to authorize treatment in an emergency situation when I cannot be located.

Signed by Parent or Guardian: _____ Date: _____

Please list the names and phone numbers of two (2) adults who have permission to pick up your child and respond in an emergency if we cannot locate any adult listed on the front of this form.

5) Name: _____
Relationship: _____
Work phone #: _____

Name: _____
Relationship: _____
Work phone #: _____

Only persons on the front will be permitted to pick up and transport your child. If other arrangements have been made for pick-up, you **MUST** send a note to school with your child to be given to the child care staff or your child's homeroom teacher. If there is someone who should NOT pick up your child, please let us know.

6) **AFTER THE BELL has my permission to take photographs of my child(ren) for program materials and publications.**

Yes

No

7) **Enroll my child for:**

Morning

Afternoon

Both AM & PM

Enrichment and Academic Support Only

9) **My / Our child will require care:**

Every day; **OR**

Monday

Tuesday

Wednesday

Thursday

Friday

For Scheduled Enrichment Or Academic Support Only

10) **I / We will be responsible for paying the monthly fees for the program.**

Signed by Parent/Guardian: _____

Date: _____

Instructions:

*** ALL sections of this form must be completed and signed (numbers 1 through 10).**

*** Please return this form with your check for the first month's payment AND the yearly \$25.00 registration per family made out to Norwalk Public Schools AFTER THE BELL to:**

Norwalk Public Schools
After the Bell Program
125 East Avenue, 3rd floor
Norwalk, CT 06852

ACCEPTED FORM OF PAYMENT:

Check (Your check should clearly identify your child's first and last name.)

Money Order

Cash

YOUR CHILD WILL BE ENROLLED ONCE YOU COMPLETE, SIGN AND RETURN THIS FORM WITH PAYMENT.