



2019-20 REGISTRATION FORM

Director- Shawn Kimball
shawn.kimball@mausd.org
Monkton Central School

Student First/Last Name: _____

Date of Birth: _____

Gender: __M__F

Date of Enrollment: _____

Has your child participated in our program before? __Y__N

Student's 2018-19 Teacher _____

Grade 2018-19: _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY!):

Parent/Guardian 1:
Full Name: _____

Home Phone: _____

Daytime/Cell Phone: _____

Address: _____

EMAIL: _____

Parent/Guardian 2:

Full Name _____

Home Phone _____

Daytime/Cell Phone: _____

Address: _____

EMAIL: _____

Please attach any legal documents necessary to define custodial rights or legal guardianship of the child if it is pertinent to the child's participation in ELP

EMERGENCY CONTACTS

Please provide the name and phone number of TWO people other than the parent/guardians we may contact in case of an emergency.

Emergency Contact 1: _____

Phone: _____

Emergency Contact 2: _____

Phone: _____

PERMISSIONS:

My child has permission to travel on walking field trips with the MAUSD Expanded Learning Program ___Yes___No I, the undersigned, do hereby grant or deny permission to MAUSD Expanded Learning Program to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, local newspaper, videos, and digital images such as those on the MAUSD Expanded Learning Program website, Facebook page, Instagram and blog.

- Deny permission to use my child’s image at all.

- Grant permission to use my child’s image to be used in print, video, and digital media. I agree that these images may be used by MAUSD Expanded Learning Program for a variety of purposes and that these images may be used without further notifying me. I do understand that the child’s last name will not be used in conjunction with any video or digital images.

FEES:

\$16 per day for the first child, \$11 per day for the second child

Payment is expected in advance of services. Please pay promptly at the beginning of each week, or the beginning of each month. Programming is dependent on your prompt payments. Financial assistance is available. Please see the final page of this packet for more information.

Program runs Monday-Friday 3:00-5:30pm beginning 8/28/18. ELP Workshops will be offered on Tuesday/Thursdays beginning 9/24/18. Please indicate the day(s) of the week that your child will attend:

- ___Monday
- ___Tuesday (ELP Workshops beginning 9/16)
- ___Wednesday
- ___Thursday (ELP Workshops beginning 9/216)
- ___Friday

ELP WORKSHOP SESSION SCHEDULE:

- Session 1: September 16 - November 8th
- Session 2: November 11 - January 17th
- Session 3: January 22nd - March 20th
- Session 4: March 23rd - May 29th

We will also offer half day programming until 5:30 on MAUSD’s early release dates at \$20 per day. Please check the following early release days to register:

- ___Oct. 2nd
- ___Nov. 6th
- ___Dec. 4th
- ___Feb. 5th
- ___Mar. 4th
- ___Apr. 8th
- ___May 6th

FINANCIAL ASSISTANCE PROGRAM:

We know that paying for child care can be a challenge. Fortunately, help for qualifying families is available through a State funded program (FAP). Depending upon family size and income the following options are available to families.

- 1. Employment or self-employment
- 2. Parent(s) are attending school or a training program, including Reach Up, high school students or college undergraduates.
- 3. Parent seeking employment: 12 weeks of funding are available.
- 4. Medical Need/Incapacity : With documentation from a physician or licensed psychologist, families experiencing incapacity from either a physical or emotional disability (long or short term) may qualify for support in paying for child care.

For help with programs 1-4 contact Jane Reilly at (802)388-4304 or email her at subsidy@mjcvt.org

5. Family Support is a program designed for families experiencing significant stress. Available for families who need help during a particularly difficult time, family support helps families for a limited amount of time. A confidential form demonstrating the need for support is submitted along with the regular application.

For assistance with this program contact Doumina Noonan at (802)388-3171 or email her at dnoonan@addisoncountypcc.org

Family Size	Income Eligibility
Family of 3 or fewer	Monthly gross income of less than \$5195
Family of 4	Monthly gross income of less than \$6275
Family of 5	Monthly gross income of less than \$7355
Family of 6 or more	Monthly gross income of less than \$8435

RETURN TO SCHOOL OFFICE:
_____Session Workshop Sign-Up

_____This 2019-20 ELP Registration Form Required for each ELP participant one time for the school year.

_____Fees:
\$16 per day for the first child, \$11 per day for the second child. We will work along-side you to ensure this ELP opportunity is available to you and your child(ren) regardless of your family's financial situation. Please contact Kristi Bedard (kristi.bedard@mausd.org) our Family Support Coordinator with any questions regarding the financial aid process.

Checks MUST be written to 'MAUSD'. Please note 'Expanded Learning Program' in your check's memo line.

I agree to the permissions as I have stated in this registration, and I have received a copy of the ELP Parent Handbook or have read it on-line at anesu.org (ELP link on left sidebar)

Parent Name: (please print)_____

Parent Signature:_____

Date:_____