

**The After School Programs of the Rutland Windsor Supervisory Union**

**Registration Instructions**

**If you have not already done so please fill out a form for each child that you plan to enroll for an activity in the ASP, and return the form and a deposit for two week's fees to the after school program. Checks should be made payable to RWSU**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Other: \_\_\_\_\_

Parent email: \_\_\_\_\_

**Please list any allergies, medical problems or other concerns below or on back of form:**

Name and Number of child's doctor: \_\_\_\_\_

Name and Number of child's dentist: \_\_\_\_\_

**Release and Permission**

Please initial each item on the release and permission form and sign below.

I give my child \_\_\_\_\_ permission to participate in the activities of the ASP.

I give my child permission to participate in field trips offered by the program.

I give consent for my child to be transported to and from any activity included in the ASP in the vehicles of any staff member (except teenage staff) of the program. I understand that my child will be wearing a seat belt, riding in a vehicle with current inspection, valid insurance, with a licensed driver.

I give my permission for my child to be photographed as a program participant, and I understand that these photographs (without my child's name) may be used in reports about the program including but not limited to the news media, the schools web site, reports to local governing bodies, and reports to the federal government.

I give my permission for my child to receive emergency medical treatment deemed necessary during ASP activities.

Signature of Parent/ Legal

Guardian \_\_\_\_\_ DATE \_\_\_\_\_

**AFTER SCHOOL PROGRAM FEE WORKSHEET Grades K-6 LES**

The Rutland Windsor Supervisory Union after school programs are committed to making the program available to all families. To this end we have instituted a sliding scale fee system. All Fees Listed Are Per Child. Please select the fees that apply to your student and circle them.

**Daily Fees For ASP 2:32-5:15 Homework Club is Free Until 3:45**

# of Children/Family	Over \$50,000	\$40,000-\$50,000	\$30,000-\$40,000	Below \$30,000
1	\$7/Day	\$6/Day	\$5.50/Day	\$5/Day
2	\$6.50/Day	\$5.50/Day	\$5.00/Day	\$5/Day
3	\$5.50/Day	\$5/Day	\$4.50/Day	\$4.50/Day
4	\$5/Day	\$4.50/Day	\$4.50/Day	\$4.50/Day

**Fees For ASP Half Days \*: 12:00-5:00**

# of Children/Family	Over \$50,000	\$40,000-\$50,000	\$30,000-\$40,000	Below \$30,000
1	\$15/Day	\$14/Day	\$13/Day	\$12/Day
2	\$14/Day	\$13/Day	\$12/Day	\$11/Day
3	\$13/Day	\$12/Day	\$11/Day	\$11/Day
4	\$12/Day	\$11/Day	\$11/Day	\$11/Day

\* Includes All Field Trip Fees

**Fees For ASP In-Service Days \*\* 8:00-4:00pm**

# of Children/Family	Over \$50,000	\$40,000-\$50,000	\$30,000-\$40,000	Below \$30,000
1	\$20/Day	\$19/Day	\$18/Day	\$17/Day
2	\$19/Day	\$18/Day	\$17/Day	\$16/Day
3	\$18/Day	\$17/Day	\$16/Day	\$15/Day
4	\$17/Day	\$16/Day	\$15/Day	\$15/Day

\*\* Does Not Include Any Field Trip Fees (Max Cost \$5/child)

**Fees For ASP Vacation Weeks: Full Day 8:00-4:00 Half Days 8-12 or 12-4**

# of Children/Family	Over \$50,000	\$40,000-\$50,000	\$30,000-\$40,000	Below \$30,000
1	\$20/Day \$12/ Half Day \$85/Full Week***	\$19/Day \$11/ Half Day \$80/Full Week***	\$18/Day \$10/ Half Day \$75/Full Week***	\$17/Day \$10/ Half Day \$70/Full Week***
2	\$19/Day \$11/ Half Day \$80/Full Week***	\$18/Day \$10/ Half Day \$75/Full Week***	\$17/Day \$9/ Half Day \$70/Full Week***	\$16/Day \$8/ Half Day \$70/Full Week***
3	\$18/Day \$10/ Half Day \$75/Full Week***	\$17/Day \$9/ Half Day \$70/Full Week***	\$16/Day \$8/ Half Day \$70/Full Week***	\$15/Day \$8/ Half Day \$65/Full Week***
4	\$17/Day \$9/ Half Day \$70/Full Week***	\$16/Day \$8/ Half Day \$65/Full Week***	\$15/Day \$8/ Half Day \$65/Full Week***	\$15/Day \$8/ Half Day \$65/Full Week***

\*\*\* PAYMENT MUST BE MADE IN FULL ON MONDAY TO RECEIVE WEEKLY DISCOUNT