



**Arlington After-School Program (AASP) at Gibbs
2025-2026 School Year**

Child's name: _____ Nickname: _____

Elementary school: _____ DOB: _____ Self-identifies as: M F Other

Family email: _____ Other family email: _____

Requested schedule (check all that apply):

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Full Day (2:56- 6:00pm): _____ Half Day (2:56-4:45pm): _____

Monthly Tuition:	1 Day/Week	2 Days/ Week	3 Days/Week	4 Days/Week	5 Days/Week	
Full Day	\$124	\$248	\$372	\$596	\$620	
Half Day	\$77	\$154	\$231	\$308	\$385	

Please explain your child's plan for going home each day (picked up by parent, walking home by a specific time, etc). Please be as detailed as possible about your expectations if they are walking home or taking the T (such as needing to leave by a certain time, calling home before leaving, etc):

Parent/Guardian Name: _____

Home Address: _____ Relation: _____

Cell Phone: _____ - _____ Home Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____ Business Hours: _____

Parent/Guardian Name: _____

Home Address: _____ Relation: _____

Cell Phone: _____ Home Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____ Business Hours: _____

In case of emergency, the following people are authorized to be contacted. My child can be released to them when I can't be reached. These contacts can't be the guardians listed above and listed in the order they should be contacted.

1. Name: _____ **Cell #:** _____

Address: _____ Work #: _____

Relationship: _____ Home #: _____

2. Name: _____ Cell #: _____

Address: _____ Work #: _____

Relationship: _____ Home #: _____

There is a \$50 enrollment fee due with this completed form. You can drop enrollment off at the Gibbs main office or mail it to: Arlington After School Program at Gibbs School, 41 Foster Street, Arlington, MA 02474

CHILD'S LIVING SITUATION

Please circle one:

Child lives with: Mother Father Both Other: _____

★ *If one parent retains sole custody, for the protection of the child, a copy of the court order must accompany this application.* Attached **Attached**

★ *If there is a protective custody order or current restraining order on file for the child, a copy of the order must accompany this application for the protection of the child.* Attached **Attached**

EMERGENCY MEDICAL TREATMENT RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I give permission for AASP personnel to call 911, or transport my child to the nearest hospital or _____ to obtain emergency treatment or medical/dental services for my child. I also authorize AASP staff, trained in CPR and First Aid, to administer CPR and/or First Aid techniques when necessary. →Guardian Initials: _____

HEALTH INFORMATION

Doctor's Name: _____ **Phone:** _____

Insurance company: _____ Policy No.: _____

Is your child taking daily or frequent medication? YES ___ NO ___

If yes, please describe: _____

Is your child receiving any ongoing treatment that we should be aware of? YES ___ NO ___

If yes, please describe: _____

Does your child have any allergies? YES___ NO___

If yes, please describe the **allergy**: _____

Please describe the allergy **reaction**: _____

Please describe the allergy **treatment**: _____

Please use the space below for additional comments:

DEVELOPMENTAL PROFILE

The following questions are designed to assist us in providing the best possible care for your child. All information is confidential. Please fill out this profile completely.

1. Does your child have any disabilities or special needs that we should be aware of to help facilitate care for your child?

YES ___ NO ___

If yes, please describe: _____

2. Does your child have an I.E.P. (Individualized Education Plan) that AASP may access to help facilitate care for your child?

YES ___ NO ___

If yes, please describe: _____

3. Is your child on a special diet? YES NO ___ ___

If yes, please describe: _____

4. Other than crying, how does your child act when nervous or scared? _____

5. Please list the names and ages of your child's siblings, if any. Please add any information regarding siblings that may assist us in the care of your child.

6. Have there been any **changes in the family status** such as a recent move, a new sibling, a divorce, a separation, or the death of a loved one that we should be aware of?

7. If there is any other information you feel we (as a provider of care) should know about your child, please describe:

GUARDIAN AGREEMENTS

I agree to the following:

PHOTOGRAPHY & VIDEO RELEASE

▶ **▶ YES NO**—Photographs/videos of my child may be used in newspapers or other types of educational/marketing publications (ex: drama projects, art projects, bulletin boards, brochures, web albums).

I understand that every attempt will be made to shield participants from public photographs and/or video recordings when at public venues, but due to the public nature of field trips or outings, AASP at Gibbs cannot guarantee that your child’s likeness will not be captured while in public.

→ Guardian Initials: _____

GENERAL EXCURSION PERMISSION SLIP

I give permission for the AASP at Gibbs staff to take my child off of the child care premises for the following specified excursions (if applicable): walks and trips to local parks, local bike path, libraries, and corner stores/food establishments, skating rink, etc.

I will be notified by permission slip if my child is to be taken on any field trips that require bus transportation or require the children to walk to a different location other than those listed above.

→ Guardian Initials: _____

RELEASE OF CHILD AS A HELPER

_____ **Yes**, my child can be released to the principal of the school or a classroom teacher to help set up for plays, concerts, classrooms, etc. I understand that while my child is with the principal or the classroom teacher from the school, AASP at Gibbs is not responsible for care of the child until they are returned to us by the staff member.

_____ **No**, my child may not be released to the principal of the school or the classroom teacher to help for any reason. I want my child to remain under the supervision of AASP at Gibbs staff members at all times.

→ Guardian Initials: _____

REGISTRATION INFORMATION

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Parent/Guardian Signature	Date	To complete registration,
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you must fill out the Registration Packet and attach the \$50 enrollment fee. Once you have been admitted into the AASP Gibbs Program, you will receive a confirmation email.

Tuition details:

We bill on a monthly basis.

Invoices will be sent out via email on the 22nd of each month. Payment is due on the 1st of that month.

A grace period of 5 days after the billing date is allowed. After the grace period, a late fee of \$25/week will be added to your bill.

Payment options:

Check - can be mailed to Gibbs directly, dropped off at the main office or brought to our program by you or your student.

Money order - Send directly to the Gibbs School

Credit card - Pay on the town payment portal website here:

[https://www.invoicecloud.com/portal/\(S\(rwbv1tbbuybohnbsaecxayoz\)\)/2/Site.aspx?G=0a8595c4-6935-4055-a1b4-665dd9a00e5d](https://www.invoicecloud.com/portal/(S(rwbv1tbbuybohnbsaecxayoz))/2/Site.aspx?G=0a8595c4-6935-4055-a1b4-665dd9a00e5d)

To make a payment, click on the Schools tab and you will see an after-school tab. Be sure to pick “Gibbs” as the program.

Please note that the town passes on the credit card and electronic check fees to the customer. For credit card payment, there is a 2.95% fee (minimum \$1.95) and for electronic check payments, there is a \$0.25 fee.

Schedule Details:

AASP at Gibbs is **closed** for all school holidays, vacations, and school emergency closed days.

Students may attend on additional days outside their set schedule with a day fee of \$35 for regular program days from 2:56pm - 6pm and \$45 for early release days from 1- 6pm or 11:15 - 6pm.

Picking up after 6pm results in a \$1/minute late fee charge, paid in cash directly to the teachers.

Parent/Guardian Contract with Arlington After-School at Gibbs

I, _____, as the parent/guardian of _____, am enrolling my child in the AASP at Gibbs Program. The monthly tuition payment amount I agree to pay is \$_____ for the following days of the 2022-2023 school year.

After School Schedule: _____M _____T _____W _____TH _____F

READ THE FOLLOWING CAREFULLY, AS YOU ARE SIGNING A CONTRACT FOR CHILD CARE SERVICES WITH AASP. PARENTS/GUARDIANS ARE RESPONSIBLE FOR ALL ASPECTS OF THIS CONTRACT.

I enter into this contract with full knowledge of my obligations and agreement to:

- This contract constitutes an agreement between my family and AASP at Gibbs to utilize care until the last day of school; this includes any days added onto the school year due to school cancellations for any reason, unless I give a 30 day notice as explained in the contract below.
- Fill out a child information application with all the pertinent details relating to the safety of my child, updating information as necessary throughout the year.
- I understand that all returned checks AASP receives will be assessed a \$25.00 service fee.
- I will call/email AASP when I know my child will not be in attendance of the AASP program on any given day.
- I understand that pick-up time is at 6:00pm each night. I understand I will be charged \$1.00 per minute after 6:00pm, payable directly to site staff or added to the bill.
- I understand that I am obligated to pay for each month regardless of attendance, holidays, snow days etc.
- I understand that a space is reserved for my child and that the slot cannot be used by any other family on a day-to-day basis. Therefore, I am obligated to pay for family-scheduled vacations and when my child is not in child care on a scheduled day when AASP is open.
- I understand that a 30 day notice is required to be given at the AASP office for any changes I make in my child(s) schedule, including termination from the program. All changes are made on the 1st of the month, so any change requests must be made 1 month prior to the requested change.
- I understand that to terminate my child from the program, I must give 30 days' notice of termination from the program to the AASP office. This notice must occur at least 30 days before the next session. If no 30 day notice is given at the AASP office, you will be responsible for paying that month's tuition.
- I understand that payment is due in full on the first of the month. A late fee of \$25 per week will be charged if payment is received after the grace period (5 days).
- I understand that if I fall behind on tuition payments by 2 months, AASP will terminate my child care services, effective immediately. This action will not terminate my obligation to pay the amount owed. My child cannot be re-enrolled until all back payments are brought up to date.
- I understand that I will be responsible for any and all court fees if I fail to fulfill my financial obligations to AASP.

→ _____

Parent/Guardian Signature

Date