



Ellis Mendell Elementary School

Julia Bott, Principal

2300 Washington Street
Roxbury, Massachusetts 02119

superintendent@bostonpublicschools.org
617-635-8234

Fax: (617)-635-8238
bostonpublicschools.org

The purpose of the Boston Public School (BPS) school-based before/after school programs is to provide quality care for students attending BPS. School-based programs are not offered at every BPS school, some BPS schools offer third-party run before/after school programs.

Please initial next to each bulleted item and sign at the bottom. By doing so, you acknowledge that you have read, understand, and agree to abide by the following terms:

- _____ The hours of operation for the before school program are [8:00-9:15] am. The program only runs when school is in session.
- _____ An annual registration fee of [\$25] is due for each [family]. This fee is NON-REFUNDABLE and is due upon registration.
- _____ The program fee is per student \$7 a day or \$30 a week or \$120 a month You may also pay for care for the year (September-December in 2021, and January-June in 2022). Payment is due Prior to student attendance at the beginning of the day on a drop-in day, beginning of the week, beginning of the month, or beginning of the year whichever applies to your payment choice selection. Drop-In credits can be purchased for \$35 for 5 to use as needed. This fee covers the operations of the before-school program and includes, but is not limited to, program staff and specialists, program supplies, program equipment, and special program activities. Any supplies or equipment purchased for the program become the property of the school.
- _____ At the end of the school year, any leftover program funds may be rolled over and used to support the program next school year.
- _____ Checks/money orders should be made payable to the school. A \$25 fee will be assessed for any returned check.
- _____ Failure to pay program fees on time may result in your child being removed from the program.
- _____ Parents/guardians will notify the Before/After School Program Director one week in advance of the removal of their child from the program.

Number of Students Enrolled in Program for your Family _____

Student Name(s) _____

Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date _____