

# Kids' Place After-School Program

Every weekday, we pick children up from select Malden schools with our van and bring them to Kids' Place where they receive a nutritious snack and help with homework. Then the fun begins: chapel time, homework time, enriching activities, field trips and more! We accept children in Kindergarten through 8<sup>th</sup> grade. Check out our website for more information at [www.kidsplacemalden.org](http://www.kidsplacemalden.org) or call us at **781-321-9784**. **\*Please note that transportation will be limited to certain schools. Please refer to our website.**

## Dates & Times

The After School Program runs from September 5, 2023 through June 21, 2024. Regular hours are from **2:00 p.m. to 6:00 p.m.** **\*Please note that these hours are subject to change.**

When Malden public schools are closed for vacation weeks, teacher professional development days and snow days we offer **extended care from 8 a.m. – 5:30 p.m.** We also accept new children for school vacation weeks!

## Cost

**Cost:** \$30 per day

**Full-Week Discount:** Register for 5 days a week and receive one day free! (\$120 per week)

**Extended Care:** When Malden public schools are closed for vacation weeks, teacher professional development days, snow days, we provide full day care from 8 a.m. – 5:30 p.m. for \$44 per day unless noted otherwise. We also accept new children for winter and spring vacation weeks.

**Sibling Discount:** For families enrolling siblings, a 10% discount will be applied to the price of both children.

**Early Release Days:** We pick up students on Malden public school early release days at **no extra cost.**

We accept child care vouchers.

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## Registration Form 2023-2024

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's School: \_\_\_\_\_ Will your child need transportation from school?  
 Yes  No

**Please check the days of the week you are enrolling your child:**

Monday  Tuesday  Wednesday  Thursday  Friday

*Please enclose a two-week deposit which will be credited toward the final two weeks, and send it with this form to:*

Kids' Place  
77 Kennedy Drive, Malden, MA 02148  
**(Make checks payable to F.H.C.C)**





**Kids' Place  
Transportation Plan and Authorized Release Form**

Child's Name: \_\_\_\_\_

<b>After School Program:</b>	<b>Full days, Vacation weeks &amp; Summer Day Program:</b>
<p><b>My child will arrive at the program by:</b></p> <p><input type="checkbox"/> Kids' Place Van/Bus</p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Transportation provided by school</p> <p><input type="checkbox"/> Other: _____</p> <p><b>My child will depart from the program by:</b></p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>My child will arrive at the program by:</b></p> <p><input type="checkbox"/> Parent drop off</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p> <p><b>My child will depart from the program by:</b></p> <p><input type="checkbox"/> Parent pick-up or other authorized adult</p> <p><input type="checkbox"/> Supervised walk with _____</p> <p><input type="checkbox"/> Unsupervised walk</p> <p><input type="checkbox"/> Public transportation</p> <p><input type="checkbox"/> Private transportation arranged by parent</p> <p><input type="checkbox"/> Other: _____</p>

Any other transportation arrangements must be stated in writing and maintained in the child's file or the above plan will be implemented.

**Departing Kids' Place and authorized release:**

Kids' Place will **NOT** release your child to any unauthorized people *under any circumstances*. Anyone you are authorizing to pick up your child must be listed on the **First Aid/Emergency Medical Care Consent Form**.

*I give permission for my child to be released from the program at the end of the day as stated above and I give my permission to the people listed on the First Aid/Emergency Medical Care Consent Form to receive my child when my child needs to be picked up from Kids' Place or at the end of the day.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kids' Place  
Parent Agreement Form**

Child's name: \_\_\_\_\_

(Please initial after reading each item, #8 is optional)

1. I have received a copy of the Parent Handbook; I have read, understood, and agreed to the guidelines stated in it (*available online*). \_\_\_\_\_  
initial

2. I will abide by the agreed upon payment plan. I understand that monthly/weekly fees are the same regardless of the number of days in the week or my child's absences and I understand that unpaid tuition balances will be subject to a \$5 per week late fee. \_\_\_\_\_  
initial

3. I understand that if a scheduled payment is two weeks late, my child will not be allowed to return to the program on the Monday of the third week until the full amount owed is submitted. \_\_\_\_\_  
initial

4. I understand that in the event that I am late in picking up my child, a \$5 fee will be charged at the time of pick-up in accordance to the late pick-up policy. \_\_\_\_\_  
initial

5. I understand that Kids' Place must be given two weeks' notice in writing for any changes in enrollment (number of days per week, etc.) or withdrawal from the program. Without such notice, parents will be responsible for the scheduled payment. \_\_\_\_\_  
initial

6. I, being the parent or legal guardian of the above named child, consent and agree that he/she may attend Kids' Place school age child care program sponsored by Freedom Hill Community Church. I hereby release Freedom Hill Community Church, and its agents, assigns, employees and volunteer assistants from any liability whatsoever arising from injury, sickness or damage that may be sustained by my child during the program. \_\_\_\_\_  
initial

7. I understand that, while the above named child participates in any program activities, he/she is responsible to abide by the rules set forth by Kids' Place, the sponsoring organization (Freedom Hill Community Church), its leaders and supervisory personnel. Any serious infraction of rules by the above named child can result in dismissal from the program. In the event that my child is dismissed from the program, I also agree to forfeit any possible refund. \_\_\_\_\_  
initial

8. I give Kids' Place permission to take photos/video of my child for the Kids' Place end-of-the-year slide/video presentation and DVD, for Kids' Place promotional purposes (our newsletter, flyer and brochure) and to be posted on the Kids' Place website, and the Kids' Place Facebook and Instagram page. \_\_\_\_\_  
initial

I have read and agree to the above statements.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Kids' Place Director

\_\_\_\_\_  
Date