

* Return **completed** front and back page to Bridges office. Please **allow 48 hours or longer** for processing.

BRIDGES – Enrollment/Emergency Information:

The following authorizations are necessary for the Bridges staff to act in your child’s best interest. Please complete all information and return to the Bridges Office.

PARENT/GUARDIAN INFORMATION: PLEASE PRINT CLEARLY

Please circle one: Mother Father Guardian

Name: _____, _____ Home Phone: _____ Cell Phone: _____
Last First

Work Phone: _____ Company Name/Employer: _____

Work Address: _____

Please circle one: Mother Father Guardian

Name: _____, _____ Home Phone: _____ Cell Phone: _____
Last First

Work Phone: _____ Company Name/Employer: _____

Work Address: _____

* In the event of an illness, who should be called first? _____

Pick –Up Authorization – List three people (3 local/within 15 minutes travel time), other than yourself, authorized to pick up your child at Bridges. The first name on the list will be considered your emergency contact if parents cannot be reached.

If there are any changes in these arrangements, please let the Bridges staff know **in advance with written notice**. If there are any special instructions, or any person who is **NEVER** to be authorized to pick up your child, please also list them. If there are any last minute changes on the day of your child’s pickup, please leave a message on the **BRIDGES cell phone at 978-621-5720**.

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

EMERGENCY MEDICAL INFORMATION:

Doctor: _____ Phone: _____

Health Plan Carrier: _____ Plan #: _____

IF EMERGENCY CARE IS NEEDED, your child will be transported to the closest medical facility.

Please initial below:

____ I authorize the Bridges staff to oversee any medical treatment for my child in my absence.

List ALL medical conditions, allergies and medications: (current medications i.e. EPI pens and inhalers must be provided and kept at Bridges)

EARLY CLOSING: If the Superintendent announces that school is to be closing early, all parents of **children signed up to participate in Bridges that day** will be notified. Bridges will be open for a maximum of two (2) hours after the announced time of closing.

It is absolutely imperative that you have a backup plan in case you cannot pick your child up by the above times. **Please make sure your child is aware of your backup plan.**

In case of **EARLY CLOSING**, my child will: ____ Take the bus home (must have a bus pass)

____ Be picked up from Bridges by parent/authorized adult listed above

Signature of Parent/Guardian

Date

* Complete both sides

Bridges Registration Form

dmayo@psharvard.org

*****Office Use Only*****		Date Registration received: _____	Check # _____
AS _____	MS _____	Meds _____	E-Mail Conf _____
School choice _____	EZC _____	Folder _____	Amt\$ _____

I wish to register my child for the **Bridges Program** (one child per registration form)

Child's Name: _____ **Gender:** M / F
Last First Nickname if any

Date of Birth: _____ **Grade Fall:** _____ **Hildreth Teacher:** _____ **Bus #:** _____

Address: _____ **Town:** _____ **Zip:** _____

Home e-mail: _____ **Work e-mail:** _____
Home e-mail: _____ **Work e-mail:** _____

Please check preference(s): **Days of the Week: (Please Circle)**

_____ **BOTH AM & PM** M T W TH F

_____ **ONLY AM (7:15a.m.-8:40a.m.)** M T W TH F

_____ **ONLY PM (3:08p.m.-6:00p.m.)** M T W TH F

_____ **Early Release/Half days only** **Monthly Tuition: \$** _____
(Office Use Only)

_____ **Drop-In Only** (may be reserved up to one month in advance by contacting the Bridges office, payable the day of service, check only, payable to: **BRIDGES**).

PLEASE ENCLOSE A \$50 NON-REFUNDABLE REGISTRATION FEE (PER CHILD)

Make checks payable to: "BRIDGES"

Registration form and fee may be mailed or brought to:
Debra Mayo, BRIDGES, 39 Massachusetts Ave., Harvard, MA 01451

I authorize my child to participate in the following:

Please circle

Yes No I would like my child (Grades 3-5 only) to participate in Homework Club

Yes No Attend Bridges Field Trips scheduled during the course of the year

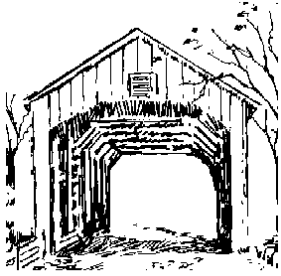
Yes No Local Walking Trips (School Fields, Town Common, Nature Trail and Town Beach)

Yes No To take and use photos of my child for publicity purposes

OVER—Please complete both sides

Bridges Program
39 MASSACHUSETTS AVENUE
HARVARD, MA 01451
978-456-4142

DEBRA MAYO, COORDINATOR
DMAYO@PSHARVARD.ORG



BRIDGES
BEFORE- AND AFTER-SCHOOL CARE
FOR CHILDREN IN
KINDERGARTEN THROUGH GRADE 5

GENERAL INFORMATION-*Parents Copy*

The Bridges Program is a “non-profit, fee for service” child care program sponsored by the Harvard Public Schools for children enrolled in Harvard Public Schools and currently attending Hildreth Elementary School. The office is located on the second floor of the Bromfield House, 39 Massachusetts Avenue, Harvard, Massachusetts 01451.

Care is available before and after school during the regular school calendar year of 180 days. We register all Hildreth Elementary children on a first-come first-served basis. Students in grades K-5 may attend **7:15 a.m. to 8:40 a.m.** as well as from **3:08 until 6:00p.m.** On Early Release days, care is from **1:13 to 6:00 p.m.**, and on Half-days, from **12:05 to 5:00 p.m.** **Care is not provided on days that school is closed due to inclement weather or school vacations.**

Children are divided for activities according to age and interest. Choices include: recreation, arts and crafts, computers, cooking, sports and games. Homework Club is offered (grades 3-5) Mon.-Thurs. for students wishing to do homework. An afternoon snack is provided daily. Field trips and on site enrichment programs are scheduled periodically. Children occasionally take walking trips to nearby locations.

The goal of the program is to provide safe, high quality care in a relaxed, enjoyable & enriching atmosphere. Children are supervised by a caring staff in ratios of no more than 13 to 1.

Older children seek more independence, and the staff is willing to make modifications to the basic program in order to meet individual needs. Plans are developed cooperatively with children, staff and parents.

Children attending morning Bridges may arrive no earlier than 7:15 a.m. Pick-up in the afternoon is the responsibility of the parent/guardian and must be **no later than 6 p.m.** ***There is a \$1 per minute penalty after 6:00 p.m. payable at pickup to staff on duty. (CASH Only)***

*** Drop-off and pick up is through the rear K-wing entrance, Bridges is located in room #151.**

**** Rates and policies subject to change for school year 2019-2020***

* Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199 and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is: Marie Harrington, Director of Pupil Services, Harvard Public Schools, 978-456-4143.

**PARENTS COPY-KEEP THIS RATE CHART FOR REFERENCE
BRIDGES MONTHLY TUITION SCHEDULE**

# of Days	AM Only	PM Only	AM & PM	* Early Release
5 days.....	\$125.....	\$285.....	\$410.....	included for 5am/pm
4 days.....	\$110.....	\$235.....		add.....\$25
3 days.....	\$ 89.....	\$185.....		add.....\$25
2 days.....	\$ 55.....	\$125.....		add.....\$25
1 day.....	\$ 20.....	\$ 60.....		add.....\$25

*** Rates and policies subject to change for school year 2019-2020**

Early Release Days Only
One or two Field Trips per month
Includes all scheduled ER days
Fees included **\$50 (per month)**

Drop-In
AM **\$ 8/day**
PM **\$18/day**
ER PM **\$25/day**

(Drop In is space available basis, request through Bridges Office)

- * Tuition payments are made monthly and are **due in full on the 1st of each month.**
- * Schedule changes are **done on the 1st of each month.**
- * Drop In Fees are **payable the day of service. Check only/NO CASH**



* Checks are payable to: **“BRIDGES”**

* Send your check to: **Debra Mayo, Bridges, 39 Massachusetts Avenue, Harvard, MA 01451**