



2015/16 AFTER SCHOOL PROGRAMS

The Partnership for Community Schools in Malden, in conjunction with the Malden Public Schools, offers A to Z University for students in grades K-5, and Channel Surfing for grades 6-8 at the Beebe, Forestdale, and Salemwood Schools. Our programs offer academic enrichment and youth development activities for all students. Our purposeful programming supports and challenges the physical, social, and intellectual growth of all participants. Programming helps students overcome academic challenges by making connections to school day learning, and provides students with activities that promote healthy lifestyle choices and decrease high risk behavior.

- Programs have run successfully in the Malden Public Schools for 15 years.
- Programs supported and partially funded by the Department of Elementary and Secondary Education.
- Staff includes certified, school day teachers and professional specialists who are passionate and engaged in their subject areas.
- Programs are seen as a true extension of the school day, and provide a safe and nurturing environment where academic skills are enhanced.
- Academic activities include homework help and academic enrichment clubs.
- Recreational activities are designed to foster sportsmanship, teamwork, fair play, cooperation, and healthy competition.
- Students are given opportunities to delve more deeply into topics that enrich and reinforce classroom learning.
- After school staff work closely with school day staff to focus on areas of need for each student.

Program Dates and Hours:

A to Z University

Session 1	September 10 to December 4
Session 2	December 7 to March 11
Session 3	March 14 to June 14 (dependent on last day of school)

AZ program hours are 2:15 to 4:15 OR 2:15 to 5:30 at the Beebe and Forestdale Schools, and 3:30 to 6:00 pm at the Salemwood School.

Channel Surfing

Session 1	September 14 to November 24
Session 2	November 30 to February 4
Session 3	February 8 to April 7
Session 4	April 11 to June 9 (dependent on last day of school)

Channel Surfing program hours are 2:20 to 5:00 at the Beebe and Forestdale Schools, and 3:30 to 6:00 at the Salemwood School.

Program Costs:

- A to Z University (K-5) is \$13 per day until 4:15 pm and \$15 per day until 5:30 pm at the Beebe and Forestdale Schools. At the Salemwood School the cost is \$13 per day.
- Channel Surfing (grades 6-8) ONLY \$25 per session.
- Students must sign up for a minimum of two days per week each session for either A to Z University or Channel Surfing.
- Generous financial aid available for our elementary programs at all sites.

Registration:

- Registration for our K-5 after school programs will take place at each school as follows:
 - September 2, September 3, and September 8 from 4:00 to 6:00
 - After September 8 you must register at PCSM offices
 - After September 8 there is a 3 day processing period before students can begin
- Registration for Channel Surfing will take place at each school the week of September 7
- Registration is on a first-come, first-served basis
- When you register, please bring a check or money order for \$10 along with a 50% deposit
- Once you have registered, you are committed to the program. There are no refunds.
- If you are applying for financial aid, you must bring a **COPY** of your 2014 1040 which will be left at PCSM offices.

For more information, please contact Partnership for Community Schools in Malden at 781/397-7320. Our offices are located at 200 Pleasant Street, Room 215, Malden

www.maldencommunityschools.org

A to Z University Registration Form

Please select the University your child will attend:

Beebe Forestdale Salemwood

Please select the days your child will attend:

Monday Tuesday Wednesday Thursday Friday

Dismissal Time: 4:15 pm 5:30 pm*

* Dismissal at Salemwood is 6:00 pm

Early Release—I would like to register my child for Early Release. I understand there is an extra \$10 charge per child per day for the service. Yes No

Child's Name: _____

Address: _____

Home Phone: _____

Grade 2015: _____ Teacher: _____

Date of Birth: ___ / ___ / _____ Male Female

Please list any special limitations or health information we should know about your child, special medical needs, dietary restrictions and allergies: _____

Parents/Guardians:

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Emergency Contacts:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Transportation:

In order to keep our children safe, we must know how they will leave the program. If a child has permission to walk home, your signature is required. Children will be released **only** to parent and/or contacts listed here.

My child will be picked up

My child will walk home _____

Parent/Guardian Signature Date

Financial Aid:

Financial aid is awarded on a first-come, first-serve basis. If you wish to apply for financial aid, you must bring a **COPY** of your 2014 1040.

I will apply for financial aid.

Payment:

A one-time registration fee of \$10 per child is required for A to Z University. It must be included with this form and is non-refundable. In addition, a 50% deposit is required before your child can start the program. Payments must be made by check or money order. Check or money order should be made out to the City of Malden. We do not accept cash.

Families will be billed in 50% increments for subsequent payments. Failure to make payments may result in dismissal from the University. All payments must be made before a new session can be started.

I agree to the PCSM payment policy outlined above, and understand that I am responsible for payment for the days and times I have select here. I understand that once a session starts, there are no refunds.

Parent/Guardian Signature

Date

Medical Treatment:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize PCSM to transport my child to the nearest medical facility and to secure the necessary medical treatment for my child. I authorize trained employees to administer first aid and/or CPR if necessary. Yes No

Parent/Guardian Signature

Date

Photographs:

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child's participation. I am willing I am not willing

Parent/Guardian Signature

Date

Information Release:

In order to assist my child's success in school, I have enrolled him/her in the PCSM program. I realize that increased personal academic growth for my child results from a partnership among home, school, and PCSM or its partner agencies. To support that partnership, I give permission for PCSM to discuss information regarding my child's school performance with my child's teachers. I also give permission for qualified staff to view my child's test scores. All information will remain confidential.

Parent/Guardian Signature

Date