



A.C.E.

(Active, Creative, Enrichment)

Before & After School Program For Children Grades K - 8

**Colchester Middle School
Porters Point School**

**Malletts Bay School
Union Memorial School**

A.C.E. Program Mission Statement

- * Provide children with an Active, Creative, Enriching before & after school experience
- * Provide staff who strive for excellence
- * Support parents by providing a quality and affordable before & after school environment for their children

Our Staff

All Before & After School staff selected by the Recreation Department must undergo a complete background check. Site Directors have education degrees and Site Assistants are working toward a degree in education or similar field. Due to new licensing regulations, our staff have to go through a rigorous certification process.

Schedule & Calendar

The A.C.E. Program follows the Colchester District School Calendar and runs Monday - Friday before school from 7:00 a.m. - 8:30 a.m. (MBS only) and is available after school until 6:00 p.m. (all sites). *The program does not run on half days.*

After School Program

Our afterschool program will provide quality childcare that parents can rely upon throughout the school calendar year. Students will work on homework, play games, make arts & crafts, play outside and much more. A healthy snack is provided for the children each day.

Anyone wishing to participate in the program that is not currently enrolled may register beginning March 18, 2019.

Registration & Enrollment

Parents must complete a registration form and submit it with a \$20 non-refundable registration fee (one time fee for new registrants to A.C.E.) along with the first week non-refundable payment. Children who cannot be immediately enrolled will be placed on a waiting list. Parents will be contacted by Colchester Parks & Recreation on the status of their child's enrollment.

Enrollment Changes

All changes in enrollment must be approved by the Program Director. A two week written notification is required for all enrollment changes. Enrollment changes must be on a permanent basis unless there is a one time emergency and permission may be granted.

Payments

Payments are due on the 15th of every month. Payments are to be made by automatic withdrawal from a savings or checking account. We will also accept Visa or MasterCard.

Financial Assistance

Assistance is available through the Vermont Agency of Human Services - Childcare Services Division. For an application or further information on the Vermont Childcare Subsidy Program call 1-800-339-3367.

Cost Per Week 2019 - 2020:

MBS, UMS, PPS

Before School Care (MBS Only)

Days Attending	1st Child	Additional Child
5 days/week	\$50	\$45
4 days/week	\$46	\$42
3 days/week	\$42	\$39
2 days/week	\$36	\$34

After School Care

Days Attending	1st Child	Additional Child
5 days/week	\$86	\$81
4 days/week	\$78	\$74
3 days/week	\$66	\$63
2 days/week	\$52	\$50

Both Before & After School Care (MBS Only)

Days Attending	1st Child	Additional Child
5 days/week	\$113	\$108
4 days/week	\$102	\$98
3 days/week	\$87	\$84
2 days/week	\$69	\$67

Cost Per Week 2019 - 2020: CMS

After School Care CMS

Days Attending	1st Child	Additional Child
5 days/week	\$104	\$99
4 days/week	\$96	\$91
3 days/week	\$84	\$79
2 days/week	\$71	\$66

You may enroll your child in the A.C.E. Program for 2, 3, 4 or 5 days a week. 1 day option is not available.

For more information or to get a registration packet contact Jenn Turmel at the Colchester Parks & Recreation Department at 264-5643 or e-mail jturmel@colchestervt.gov

A.C.E. REGISTRATION

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COLCHESTER PARKS & RECREATION 2019 - 2020 A.C.E. BEFORE & AFTER SCHOOL PROGRAM

Office use only:
Reg Fee: _____
Deposit: _____
Date received: _____

GENERAL INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Grade (2019 - 2020): _____ Age: _____ Gender: _____

Site (please check one):
 (2019 - 2020) _____ Colchester Middle School _____ Malletts Bay School
 _____ Porters Point School _____ Union Memorial School

Please check days registering for **BEFORE SCHOOL: MBS ONLY** (must register at least 2 days):

____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please check days registering for **AFTER SCHOOL** (must register for at least 2 days):

____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

PRIMARY GUARDIAN

SECONDARY GUARDIAN

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

Cell Phone: _____ Pager: _____

Cell Phone: _____ Pager: _____

E-Mail: _____

E-Mail: _____

Relationship to child: _____

Relationship to child: _____

Who will be responsible for the payments: _____

EMERGENCY CONTACTS (TWO MUST BE PROVIDED - OTHER THAN PRIMARY/SECONDARY GUARDIANS):

#1 Name: _____ Relation to Child: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you give permission for Emergency Contact #1 to pick up your child (please circle) YES NO

#2 Name: _____ Relation to Child: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you give permission for Emergency Contact #2 to pick up your child (please circle) YES NO

I certify that the information provided on this form is accurate to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

Once enrolled, a registration packet will be emailed to you in July. You must complete this registration packet, automatic withdrawal form and provide immunization records before your child can begin. Packets must be completed yearly.