

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

(Mother)

Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name/Employer: _____

Address: _____

(Father)

Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Company Name/Employer: _____

Address: _____

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

Pick –Up Authorization – List three (3 local/within 15 minutes) people, 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, CIRCLE HOSPITAL OF CHOICE:

Nashoba Valley Medical Center or Emerson Hospital

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

Bridges Registration Form

dmayo@psharvard.org

*****Office Use Only*****		Date Registration received: _____	Check # _____			
AS _____	MS _____	Meds _____	E-Mail Conf _____	School choice _____	EZC _____	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 calling the office,
payable the day of service).

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

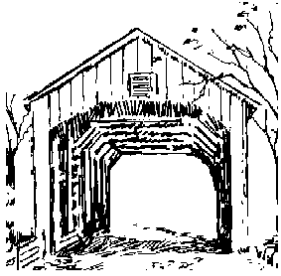
Yes No Local Walking Trips (School Fields, Town Common, Nature Trail and Town Beach)

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

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.

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.

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 2018-2019*

* 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.

BRIDGES MONTHLY TUITION SCHEDULE

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

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All Wednesdays
(Regular and Early Release)
One or two Field Trips per
month
Fees included
\$90 (per month)

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**
(Space available basis)

* Tuition payments are made monthly and are **due in full on the first of each month.**

* Drop In Fees are **payable the day of service.** Check only/NO CASH



*** Checks payable to: "BRIDGES"**

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