

# A.C.E. REGISTRATION



## COLCHESTER PARKS & RECREATION 2024 - 2025 A.C.E. BEFORE & AFTER SCHOOL PROGRAM

<b>Office use only:</b>	
Reg Fee:	_____
Deposit:	_____
Date received:	_____
Acct Name:	_____

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (2024 - 2025): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Site (please check one): \_\_\_\_\_ Malletts Bay School  
(2024 - 2025)

\_\_\_\_\_ 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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Who will be responsible for the payments: \_\_\_\_\_

### SECONDARY GUARDIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### 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.  
I am also aware that registration fees and first week deposit are non-refundable even if I withdraw from the program.*

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

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



## A.C.E.

**(Active, Creative, Enrichment)**

**Before & Afterschool Program For Children Grades K - 5**

**Malletts Bay School**

**Porters Point School**

**Union Memorial School**

### A.C.E. Program Mission Statement

- Provide children with an Active, Creative, Enriching before & afterschool 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 & Afterschool staff selected by the Recreation Department must undergo a complete background check and fingerprinting. Site Directors have higher education degrees. Due to new licensing regulations, our staff must complete 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 afterschool program does not run on half days.*

### Afterschool 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, 2024.**

### 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. Waitlists are kept only for that school year and do not roll over. 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, MasterCard & Discover.

### 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 2024 - 2025:

**MBS, UMS, PPS**

#### Before School Care (MBS Only)

Days Attending	1st Child	Additional Child
5 days/week	\$59	\$54
4 days/week	\$55	\$51
3 days/week	\$51	\$48
2 days/week	\$45	\$43

#### After School Care

Days Attending	1st Child	Additional Child
5 days/week	\$99	\$94
4 days/week	\$91	\$87
3 days/week	\$79	\$76
2 days/week	\$65	\$63

#### Both Before & After School Care (MBS Only)

Days Attending	1st Child	Additional Child
5 days/week	\$125	\$120
4 days/week	\$114	\$110
3 days/week	\$99	\$96
2 days/week	\$82	\$80

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](mailto:jturmel@colchestervt.gov)