

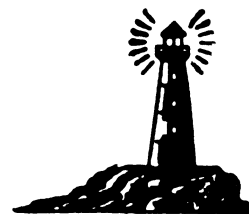


# L.M. JACOBS ELEMENTARY SCHOOL

18 Harborview Road, Hull, Massachusetts 02045  
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## J.A.S.P.E.R

### Jacobs After School Program for Enrichment and Recreation

Dear Parents and Children,

I'm pleased to present the first session of the Jacobs School JASPER program! Thanks to a number of teachers and parents, we have wonderful JASPER after school programs planned for six weeks beginning Monday, October 21, 2019. Please read the descriptions of the enrichment activities we have planned for your child. Choose the activity that is best suited for your child/children in the appropriate age group.

Classes are held on Monday, Tuesday or Thursday for 1 hour, from 3:15-4:15. The rate is **\$30 for the first class and \$50 for 2 classes (per child)**. Classes fill quickly so please get your registration form and JASPER fee in as soon as possible. Any class with insufficient enrollment will be canceled. \*See class schedule on the back of registration form.

**PICK-UP MANDATORY BY 4:15!** There is no bus transportation. This is strictly a parent pick-up program. Pick-up will be at the front of the building at the rotunda entrance. Students will be released to a parent or otherwise noted adult. Students are not permitted to go to the cars in the parking lot; therefore, all parents need to come in for pick-up.

Remember that placement will be first come-first serve, so send those registration forms with payment! Please return form ASAP! Any questions, please call or email Maura Jones, [mjones@town.hull.ma.us](mailto:mjones@town.hull.ma.us) or 781-925-4400.

\*\*\*\*\* IF YOU DO NOT RECEIVE A PHONE CALL AFTER REGISTERING, YOUR CHILD IS ENROLLED\*\*\*\*\*

PLEASE FILL OUT ALL THE INFORMATION BELOW AND RETURN TO SCHOOL BY **10/17/19**

First & Last Name \_\_\_\_\_ Teacher & Grade & Bus \_\_\_\_\_

Who will be picking up your child? \_\_\_\_\_ Relation to child? \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Is your child enrolled in Kids Care on these days? Yes \_\_\_\_\_ No \_\_\_\_\_

Choice 1 \_\_\_\_\_ Day of Week \_\_\_\_\_ Alternate: \_\_\_\_\_

Choice 2 \_\_\_\_\_ Day of Week \_\_\_\_\_ Alternate: \_\_\_\_\_

Choice 3 \_\_\_\_\_ Day of Week \_\_\_\_\_ Alternate: \_\_\_\_\_

**\$30 for 1 class, \$50 for 2 classes (per student)**

Total Cost \$ \_\_\_\_\_ Please make checks payable to **Lillian Jacobs School/JASPER.**