



## L.M. JACOBS ELEMENTARY SCHOOL

18 Harborview Road, Hull, Massachusetts 02045  
(781) 925-4400 Fax (781) 925-2938



Kyle Shaw, Principal  
[kshaw@town.hull.ma.us](mailto:kshaw@town.hull.ma.us)

Lindsey Rajan, Asst. Principal  
[lrajan@town.hull.ma.us](mailto:lrajan@town.hull.ma.us)

### Jacobs Before and After School Childcare Program

- Available before school 7:00-8:25am and after school until 6:00pm
- Available on early release days (except after school on the day before Thanksgiving and the last day of school)
- Dedicated homework time, indoor playtime, indoor & outdoor games and activities, art projects

Name of Child/Children \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian 1 Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian 2 Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**Days & Hours: Please ☒ the days you'll require care and write in the hours (e.g. 3:15-4:45)**

Before School (7:00-8:25)

After School (Dismissal-6:00)

_____ Monday	_____	_____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____

**Jacobs Before and After School Childcare** is a self-sustaining program funded solely by tuition. Tuition is payable in advance and *will not be refunded* due to absence or no-show.

- **Before School Program \$12 per child per session (\$8 for 2<sup>nd</sup> child, \$6 for each additional)**
- **After School Program \$25 per child per session (\$18 for 2<sup>nd</sup> child, \$13 for each additional)**
- **“As Needed” After School: \$30 per child per session, \$23 each additional child**

Please make payments online using a debit or credit card by clicking the link below:

<https://unipaygold.unibank.com/transactioninfo.aspx?TID=19064>

(Accepts American Express, MasterCard or Discover only; Visa is NOT Accepted)

Payment by check is available, but we strongly encourage online payments. Please make checks payable to *Hull Public Schools* and include *Childcare Program for [your student's name]* in the memo section. **We do not accept cash.**

*Space is limited. Children must be registered before attending.* Submit completed registration form to Alison Fiore at [afiore@town.hull.ma.us](mailto:afiore@town.hull.ma.us) or have your child bring it to the school office. Call Miss Alison at 781-490-7980 for more information.

## Before/After School Program

*Child's pediatrician or source of health care:*

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

Telephone #: \_\_\_\_\_

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

### *Medical Emergency Information*

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me the school may make any arrangements that are deemed necessary.

I hereby give the staff of the before/after school program permission to administer first aid to my child \_\_\_\_\_ and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would endanger my child's health.

\_\_\_\_\_

Parent(s)/Guardian Signature

\_\_\_\_\_

Date

### *Medical insurance information (optional)*

Subscriber's name: \_\_\_\_\_

Type of insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

## Before/After School Program: Student Information

Date of admission: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Teacher/bus: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

### *Business Address of Parent/Guardian 1:*

Name of Business: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

### *Business Address of Parent/Guardian 2:*

Name of Business: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

### *Emergency Contact(s) & Authorized Pick-Up Person(s):*

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

***Play:***

**Child's favorite activities – indoor:**

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**Child's favorite activities – outdoor:**

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***Allergies:***

**Does your child have any allergies (food, medication, insects, etc.)?**

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**Are there any special medical, physical or emotional issues the staff should be aware of?**

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**Additional information which you feel would help the staff offer a good experience for your child:**

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