



103 Harvard Ave #3, Half Moon Bay, Ca 94019 (650) 728-7662

Dear Family,

Thank you for choosing UpGrade Children's Center for your child's after-school care. We know you have options and we are excited to have you join us and our learning adventures.

We ask that you complete all of the forms provided in this packet and return them to us **on** or **before** the first day of your child's enrollment.

Again, we look forward to working with you and your family to provide the best care possible. Please feel free to call us if you have any questions or concerns at (650) 728-7662 or (650) 303-4055.

Sincerely,

Jonathan Lowings
Program Director

Information

Our After-School Program

UpGrade is a field trip based after-school program dedicated to providing after-school activities that are fun and safe. We are unique in that we pick up the kids from school each day. We bring them back to the center for snack. From there the kids can choose, stay and do crafts or go out on the fieldtrip. We are back at the center by 5:00pm each day to start homework.

Our facility is located in Pillar Point harbor area, close to Mavericks. We pride ourselves on the small child to adult ratio and the unique blend of children we have from all of the schools of the coast-side.

Transportation

Transportation is available, but limited! If you are using our transportation option, **you must add us to your "consent to pick up" form at your school.** If your child is still in a car seat, please make sure to leave the seat at school for us or leave an extra one at the center if possible. We do have some extra boosters.

Snack

An afternoon snack is provided. If you like, your child can bring his/her own snack. Please note on the emergency form if your child has any allergies or cannot eat certain foods.

Tuition and Rates

The following rates **INCLUDE** pick-ups!

School	Number of Days	Monthly Fee	School	Number of Days	Monthly Fee
Hatch 1:45 El Granada 2:05	5/week	\$500/month	Hatch 2:35 El Granada 2:50 Farallone 2:40	5/week	\$480/month
	4/week	\$420/month		4/week	\$400/month
	3/week	\$330/month		3/week	\$310/month
	2/week	\$240/month		2/week	\$220/month
	1/week	\$150/month		1/week	\$130/month

*Extra drop-in day is \$35

*Full Days are \$60

*Kids Night Out start at \$35

*10% discount for siblings

* We **do not** pick –up at the Farallone View 3:25 dismissal time

In-Service, Holidays, and Minimum Days

We are open most teacher in service days and some school observed holidays. These days are from 8:30-4:30 and pick up and drop off are at the center. We spend the day out at places like Marin Headlands or Golden Gate Park. The rate for a full day is \$60. We also are open all minimum days and do pick up the kids at the early time. There is no additional charge for minimum days.

Kids Night Out

Kids Night Out is an evening just for kids! Kids Night Out is \$35 (unless otherwise stated). The drop off is 5:45 and the pick up is at 9:45pm. We feed the kids dinner and then head out on a night of fun. Some examples of Kids Night Out are Giants game, ice-skating, swimming, and movies! Please check our calendar and the message table for sign ups.

Additional Information

*We recommend leaving a change of clothes, shoes, towel and swim attire at the center in a marked bag. We do get messy, dirty, and wet.

*If you come to get your child and we are out, we usually leave note outside stating where we are and what time we will be back. You can call us on our cell phones. We can always work out a way to get your child to you.

Emergency Contact Info.

Child's Name _____ Birth Date _____

Mother _____ Father _____

Address _____

Home Phone _____ email _____

Mother Work Phone _____ Cell Phone _____

Father Work Phone _____ Cell Phone _____

Names of people authorized to pick up my child.

Name

Telephone

1) _____

2) _____

3) _____

Physician to be called in emergency.

Name _____ Phone Number _____

Address _____

Insurance Provider _____ Group Number _____

Allergies or other medical conditions _____

In case of emergency, I authorize Jon Lowings to take my child to the above physician or to the nearest hospital for emergency treatment and measures deemed necessary for the protection of my child at my expense.

Signature of Parent

Date

