



**MILE SQUARE EARLY LEARNING CENTER
HOBOKEN EARLY CHILDHOOD PROGRAM
2018 BREAK WEEK SURVEY**

Dear Parents / Guardians:

The Hoboken Public Schools will be closed for April 2nd through April 6th 2018. However, Mile Square will remain open and provide care for those children who need service. All children whether or not they are presently enrolled in Before School or After Care may participate in these services. Before School and After Care fees do not cover days when the public school is closed. Therefore, there is a charge for the break week unless your child has a voucher, which already includes these fees.

The 'Break Weeks' are staffed based on the number of children attending. **Please note, the program will be held at St. Francis located at 310 Jefferson Street. Meals are not provided. Families must send children with snacks and lunch. Also, please note that Mile Square is a nut free environment.**

We are conducting a survey in order to provide adequate staffing. As in all of the before and after school programs, we will include special programming that the children can enjoy during this time.

All Children- Voucher or Non-Voucher Must Complete this Section:

_____ My child will NOT be attending the program on April 2nd through April 6th, 2018.

_____ My child WILL be attending the program on April 2nd through April 6th, 2018 for the following schedule:

<i>Spring Break: April 2nd through April 6th</i>		
<input type="checkbox"/>	7:30 am to 2:30 pm (7 hours)	\$280.00
<input type="checkbox"/>	7:30 am to 4:30 pm (9 hours)	\$360.00
<input type="checkbox"/>	7:30 am to 5:30 pm (10 hours)	\$400.00
<input type="checkbox"/>	8:30 am to 2:30 pm (6 hours)	\$240.00
<input type="checkbox"/>	8:30 am to 4:30 pm (8 hours)	\$320.00
<input type="checkbox"/>	8:30 am to 5:30 pm (9 hours)	\$360.00
<i>Additional Charge for After Hours</i>		
<input type="checkbox"/>	5:30 pm to 6:00 pm	\$80.00
	Total Due For Spring Break	\$

Please Note: The monthly wrap around fees **DO NOT include Break Weeks. The Hoboken School District does not reimburse the providers for the days the school district is closed.*

Please return this form to your Family Advocate by March 2nd, 2018.

Child's Name: _____ Site/Room Number: _____

Parent / Guardian Signature: _____ Date: _____

For Office Use Only: _____ **Total Payment Received \$** _____

By: _____