The information requested below must be entered online at: <http://www.surveygizmo.com/s3/1689310/Pub-School-Op-CC-RegForm>.

After it is entered online, you will receive an email with a PDF of the form that you had electronically submitted. Please print the completed PDF, scan, and email it to [asost@mass.gov](mailto:asost@mass.gov) with the original signature of the leader/director of the charter school or collaborative. An updated Registration Form should be submitted if the information provided in this form changes.

DESE updated this Registration Form in fall of 2020 due to COVID-19 to include a remote learning enrichment center (RLEC) option.

***Please note, programs that are operating under a license issued by EEC or an EEC remote learning enrichment program (RLEP) exemption should not use this form.*** *Please refer to* [*Frequently Asked Questions – Enrichment Centers Established by School Districts for Remote Learning*](http://www.doe.mass.edu/sfs/rl-enrichment-faq.html) *as well as the* [*DESE and Department of Early Education and Care (EEC) Joint Guidance on Care Options for Hybrid and Remote Learning Models*](https://eeclead.force.com/resource/1598647119000/CareOptions) *documents for further details.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **BASIC PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Charter School or Collaborative:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program or Remote Learning Enrichment Center (RLEC) Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **School(s):** (Please include any schools that send students to this program/RLEC.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program/RLEC Address:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program/RLEC location type:** (E.g., school building, municipal building, community partner or other community building.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program/RLEC Director / Contact:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | |  | | | | | | | **Phone:** | | | |  | | | | | | | |
| **Month/year program/RLEC plans to begin operating:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Does your charter school or collaborative have a contract with community partner(s) to provide staffing for the program or RLEC?**   * **If yes, please note the partner name(s).** * **Did your charter school or collaborative contract with any of the community partner(s) prior to March 10, 2020? If so, please describe the nature of the pre-existing partnership (e.g., duties and responsibilities of the community partner).**   **(Please note that DESE may request a copy of the contract if necessary to verify if EEC licensure or RLEP exemption should apply.)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program Description:** Please provide a brief description of the program/services that will be offered. (This may be from program flyer/recruitment materials.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENTS SERVED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the ***estimated*** number of students served at each applicable grade-level. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PK** | **K** | | **1** | | **2** | | **3** | | | **4** | | **5** | **6** | **7** | | | | **8** | **9** | | **10** | | | | **11** | | **12** |
| **School Year** |  |  | |  | |  | |  | | |  | |  |  |  | | | |  |  | |  | | | |  | |  |
| **Summer** |  |  | |  | |  | |  | | |  | |  |  |  | | | |  |  | |  | | | |  | |  |
| **SCHEDULE OF OPERATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the requested information for all that apply: | | **# hours/ day** | | | | | **# days/ week** | | | | | **# of weeks** | | | | **Total # of weeks** | | | | | | | **Total # of hours** | | | | | |
| **School Year (before school)** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **School Year (after school)** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **School Year (during remote learning)** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **School Vacation Weeks** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **Summer** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **PROGRAM FEATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Services/Activities:** Which of the following are components of the program/RLEC? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snack | | | | |  | | | | Enrichment | | | | | | | | | | | | | | | | | |  | |
| Homework time/support | | | | |  | | | | Physical activity/wellness | | | | | | | | | | | | | | | | | |  | |
| In-person care during remote learning | | | | |  | | | | Other (please specify) | | | | | | | | | | | | | | | | | |  | |
| **Transportation:** Please indicate how students travel to/from the program/RLEC. (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provided by program/RLEC/school | | |  | | | | Parent pick-up/walk | | | | | | | | | | | | | | | | | |  | | | |
| **Program Funding/Fees:** How is your program/RLEC funded? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/family-pay\* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Department of Elementary & Secondary Education grants (21st CCLC, ASOST) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Other Funding (local, private, etc.) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If parents/families pay fees, does your program/RLEC offer a [sliding scale](https://www.doe.mass.edu/sfs/sliding-fee-scale.docx) and/or scholarships for families that cannot afford the program/RLEC?  *\*Please note charter schools and educational collaboratives cannot charge for educational services that they are mandated to provide under state or federal law.* | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
|  | | | | | |  | | | | |
| **OTHER INFORMATION/COMMENTS:** Please use this space for any additional information/comments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTESTATION FOR CHARTER SCHOOLS AND COLLABORATIVES: Please read each attestation carefully. Check the box to the left to confirm that the charter school or educational collaborative complies with the requirements and conditions described below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The charter school or collaborative maintains legal, fiscal and programmatic responsibility for the program or RLEC.  The building in which the program or RLEC is operated has met all applicable safety inspections.  The charter school/collaborative has reviewed DESE’s [Careful Hiring Practices Advisory](https://www.doe.mass.edu/lawsregs/advisory/2020-0914reporting-misconduct.html) and will conduct the required background checks.  The program or RLEC is authorized by the governing board and meets the health and safety guidelines listed in the Initial Fall School Reopening Guidance (including any subsequently released guidelines if applicable).  The program or RLEC will follow applicable charter school or collaborative policies and procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Charter Leader/Collaborative Director:**  **Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**The PDF of the submitted form should be signed, scanned and sent by email to asost@mass.gov.**