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 Superintendent/Charter Leader/Collaborative Director. Upon receipt of the signed form, the Department of Elementary and Secondary Education (DESE) will process, and within one to two weeks will send an electronically signed confirmation letter to the school district. An updated Registration Form should be submitted if the information provided by district in this form changes. (Note: Form last updated in fall of 2021.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **BASIC PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School District:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program Name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **School(s):** (Please include any schools that send students to this program.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program Address:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program location type:** (E.g., school building, municipal building, community partner or other community building.) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Program Director / Contact:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | |  | | | | | | | **Phone:** | | | |  | | | | | | | |
| **Month/year program plans to begin operating:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Does your school district have a contract with community partner(s) to provide staffing for the program ? If yes, please note the partner name(s).** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **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 Vacation Weeks** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **Summer** | |  | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |
| **PROGRAM FEATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Services/Activities:** Which of the following are components of the program? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snack | | | | |  | | | | Enrichment | | | | | | | | | | | | | | | | | |  | |
| Homework time/support | | | | |  | | | | Physical activity/wellness | | | | | | | | | | | | | | | | | |  | |
|  | | | | |  | | | | Other (please specify) | | | | | | | | | | | | | | | | | |  | |
| **Transportation:** Please indicate how students travel to/from the program. (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provided by program/school | | |  | | | | Parent pick-up/walk | | | | | | | | | | | | | | | | | |  | | | |
| **Program Funding/Fees:** How is your program 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 offer a [sliding scale](https://www.doe.mass.edu/sfs/sliding-fee-scale.docx) and/or scholarships for families that cannot afford the program? | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
|  | | | | | |  | | | | |
| **OTHER INFORMATION/COMMENTS:** Please use this space for any additional information/comments. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTESTATION FOR SCHOOL DISTRICTS: Please read each attestation carefully. Check the box to the left to confirm that the district complies with the requirements and conditions described below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The program has been authorized by the local school committee as required by G.L. c. 71, section 26A.  The school district maintains legal, fiscal and programmatic responsibility for the program.  The building in which the program is operated has met all applicable safety inspections.  The school district 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 programwill follow the [Quality Standards for Public School Operated School-Age Child Care Programs](http://www.doe.mass.edu/asost/childcare-qualitystand.docx), as well as any [subsequently released guidelines](http://www.doe.mass.edu/covid19/) if applicable.  The program will follow applicable school district policies and procedures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Superintendent/Charter School Leader/Collaborative Director:**  **Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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