

Derry Cooperative School District
2017-2018 Full-Day Kindergarten Application

Students will be selected based on the order applications are received. Parents should contact their school to schedule an appointment to complete the registration process. Kindergarten registration will open on **Tuesday, November 1, 2016**. School secretaries are available for registration appointments during the hours of **7:30 a.m. to 3:30 p.m.** While we offer our half-day kindergarten program at no cost, our full day program is fee-based. We do not offer any scholarships or reduced rates, as it is a self-funded program. The cost of the program is \$3,600 per year. Payments of \$360.00 are due on the first of each month starting in September. Payments received after the 5th of each month will incur a late fee. **A deposit of \$360 is due with the application and will be applied towards the June 2018 payment.** Personal check, credit card, money order, or cash will be accepted for your deposit. However, monthly payments **must** be made using our FACTS online payment system. Instructions on how to access FACTS will be sent to you in August prior to your first payment due date.

Students selected for the full-day kindergarten program will attend school during regular school hours of 8:35 a.m. to 2:55 p.m. They will eat lunch at school, and if eligible, transportation will be provided on regular school buses.

Beyond the selection process, payment of the deposit does not provide students with any special consideration or entitlement with respect to their participation in the full-day program. Withdrawal from the program must be communicated in writing to the school principal and Business Administrator. Refunds will be reviewed on an individual basis. Please note that the tuition payment covers the second half of the day for curriculum, not daycare. Therefore, we cannot receive state vouchers as payment. Private daycare programs after school are offered at each school and can be contacted directly.

For questions, please contact Jane Simard, Business Administrator jsimard@sau10.org 432-1210 or your school's principal.

Child's Name _____

Date of Birth _____ Male _____ Female _____

Parent/Guardian Name _____

Address _____

Home Telephone # _____ Cell # _____ Work # _____

Email (**required for FACTS**) _____

Neighborhood School _____

School
Representative _____

Reminder: Applications WILL NOT be accepted until Tuesday, November 1, 2016
