

## MEMORANDUM

**To:** All Day Kindergarten Parent(s)/Guardian(s)

**From:** Diane Johnson, CFO  
Business Office

**Date:** March 9, 2012

**Subject:** **Requirements for Kindergarten Registration**

Beginning on April 2, 2012 and ending on April 11, 2012 the Elementary Schools will be holding their Kindergarten Registration.

To register for the All Day Kindergarten Program, you must either pay a \$300.00 deposit or submit the required documentation for financial assistance as detailed below. The cost of the Full Day Program is \$3,000.00. **If neither a deposit nor documentation is presented at the time of registration your child will be enrolled in a half day program.**

To be considered for the All Day Program you must bring the following:

<b>Paying in Full</b>	<b>Applying for Financial Assistance</b>	<b>Applying for the Free and Reduced Lunch Program</b>
Completed Promissory Note	Completed Promissory Note	Completed Promissory Note
Check for \$300.00 for Deposit (sorry, no cash accepted)	First two (2) pages of the 2011 Federal Tax Returns (i.e. 1040EZ, 1040A, or 1040) or 2010 tax returns. If presenting 2010 tax returns, the 2011 return is required by April 30, 2012. Tax Returns must show student as a dependent.	<b>One of the Following:</b>
	Letter of Need	Certificate of eligibility for public housing  Proof of eligibility for the SNAP program (food stamps), along with the status letter for the 2011-2012 School Year if a sibling is currently enrolled in the Arlington Public Schools.

Determinations regarding fee reductions, or free and reduced lunch assistance will not take place until September, 2012. Decisions will be based on the 2012-2013 table when available. Attached is a copy of 2011-2012 Income Eligibility Table “sliding scale” to use as a guide for eligibility requirements.

**Please note students will be enrolled in the Half-Day Program if any monthly payment is twenty-one days past due.**

Please be advised that an IEP for your child does not automatically entitle you to full day kindergarten without paying the fee.

# Arlington Public Schools

## Promissory Note ~ Full Day Kindergarten Fee

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, \_\_\_\_\_, promise to pay to the Arlington Public Schools the tuition due in the sum of **\$3,000** –(less) \$ \_\_\_\_\_ (deposit of \$300.00 paid at Registration) in the following manner:

Check One:

- Lump Sum Payment via CHECK ( checks should be made payable to the Town of Arlington) or CREDIT CARD of \$2,700.00 ( tuition due after deposit of \$300.00 paid at registration) due by August 10, 2012 (see reverse side for credit card payment details)
- Ten (10) Monthly CREDIT CARD Payments of \$270. + 3% processing fee (\$8.10/month) due on 15<sup>th</sup> of each month beginning August 15, 2012. Any payments twenty-one (21) days past due will result in non-participation of the Full-Day Program.

### Financial Assistance:

- I will be forwarding my free and reduced lunch application to the Food Service Department for review not before September 2012. I understand tuition is \$540.00 for approved reduced lunch applicants and \$0 for approved free lunch applicants.
- I am requesting a reduced fee due to financial assistance. Attached is a letter and supporting tax/income documentation explaining my situation. I understand my tuition will be based on the FY13 sliding fee tuition scale. I understand my request will not be reviewed or considered without the required supporting documentation.

Please refer to the School Committee Policy on Kindergarten Fees. The administration reserves the right to verify all applicant information.

\_\_\_\_\_  
Signature

Return to: Arlington Public Schools  
Leslie Bearden, Business Office  
P. O. Box 167  
Arlington, MA 02476

(complete payment authorization)



# ARLINGTON PUBLIC SCHOOLS FULL DAY KINDERGARTEN FEE

## Complete For Credit Card Payments Only

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**CREDIT CARD PAYMENTS**  
**Please Complete and Mail to:**  
**Arlington Public Schools Business Office**  
**P.O. Box 167**  
**Arlington, MA 02476**

I wish to charge my child's tuition payment to the following credit card:

- Visa
- Master Card

I authorize that payments may be made as follows: (please check one)

- One Lump Sum payment of \$2,700.00 (tuition due after deposit of \$300.00 paid at registration).
- Ten (10) Monthly payments of \$270.00 + 3% processing fee (\$8.10/month)  
Beginning August 15<sup>th</sup>, 2012 and ending May 15<sup>th</sup>, 2013 Any payments twenty-one (21) days past due will result in non-participation of the Full-Day Program.
- One Lump Sum payment of \$540 (approved reduced lunch status)

Account Number:

Expiration Date:

Name On Account: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

(complete promissory note)

