

**2024-2025 SATELLITE / GALAXY  
SCHOOL AGED CHILDCARE PROGRAM  
BEFORE & AFTER SCHOOL**

The Auburn Public Schools will again operate the Satellite and Galaxy Before and After School Programs for the 2024-2025 school year. These programs will provide quality care and supervised homework/extended learning activities for children both before and after school. Registration for these programs is open through August 1, 2024 (or until full) to ensure that ample staff are in place to provide supervision.

**Program Outline**

- Provide childcare in a safe and healthy environment.
- Meet Department of Early Education & Care (EEC) standards.
- Staffed by qualified child-care providers.
- Provide a rich variety of indoor and outdoor activities, designed to enhance the child's social, physical, and intellectual development.
- Provide supervised homework/extended learning activities.



Our Before School program will operate from 7:00 a.m. to the start of the school day at the Bryn Mawr, Pakachoag and Swanson Road Intermediate Schools.

Our After School program will operate from the end of the school day to 6:00 p.m. daily at the Bryn Mawr, Pakachoag and Swanson Road Intermediate Schools.

Registration is \$25 per program (\$10 per program for second child per program). This is a non-refundable deposit.

A payment schedule for the year will be online for you to reference. Please note that the first payment for August/September will be due by Monday, August 26, 2024. Future payments will be due by the 25<sup>th</sup> of each month for the next month (e.g. October's tuition will be due by September 25<sup>th</sup>). Please be sure to keep your payment schedule in a safe and convenient place for reference each month.

All payments can be mailed to the Satellite/Galaxy Program, Auburn Public Schools at 5 West Street, Auburn. You can also send payment in with your child in an envelope labeled Satellite or Galaxy and a staff member will forward your payment over to our West Street office. Any payments made in cash must be made at our West Street office. **If paying by check, please be sure to identify your child's (children's) name and program attending in the memo section of your check. This is very important to ensure your payments are applied correctly. Checks payable to "Town of Auburn".**

You also have the option to pay on-line through Uni-Pay Gold. To access this form of payment, please visit [www.auburn.k12.ma.us](http://www.auburn.k12.ma.us). Once at the Homepage, please scroll down and select the "Payment Center" link. Clicking on it will bring you to Auburn's page. Click on the "Before and After School" link, where you will be asked to fill out the amount you are paying, the names of each of the children you are paying for, and the required information of the parent or guardian. Notification of your payment is automatically sent to Central Office.



**PAYMENT SCHEDULE**  
**2024-2025 SCHOOL YEAR**

**BEFORE SCHOOL**

Month	5 Days	Sibling Discount	4 Days	Sibling Discount	3 Days	Sibling Discount	2 Days	Sibling Discount	1 Day	Sibling Discount
	OPTION A		OPTION B		OPTION C		OPTION D		OPTION E	
September	220.00	110.00	176.00	88.00	132.00	66.00	88.00	44.00	44.00	22.00
October	220.00	110.00	176.00	88.00	132.00	66.00	88.00	44.00	44.00	22.00
November	160.00	80.00	128.00	64.00	96.00	48.00	64.00	32.00	32.00	16.00
December	150.00	75.00	120.00	60.00	90.00	45.00	60.00	30.00	30.00	15.00
January	210.00	105.00	168.00	84.00	126.00	63.00	84.00	42.00	42.00	21.00
February	150.00	75.00	120.00	60.00	90.00	45.00	60.00	30.00	30.00	15.00
March	200.00	100.00	160.00	80.00	120.00	60.00	80.00	40.00	40.00	20.00
April	170.00	85.00	136.00	68.00	102.00	51.00	68.00	34.00	34.00	17.00
May	210.00	105.00	168.00	84.00	126.00	63.00	84.00	42.00	42.00	21.00
June	110.00	55.00	88.00	44.00	66.00	33.00	44.00	22.00	22.00	11.00
TOTALS	1800.00	900.00	1440.00	720.00	1080.00	540.00	720.00	360.00	360.00	180.00

**AFTER SCHOOL**

Month	5 Days	Sibling Discount	4 Days	Sibling Discount	3 Days	Sibling Discount	2 Days	Sibling Discount	1 Day	Sibling Discount
	OPTION A		OPTION B		OPTION C		OPTION D		OPTION E	
September	440.00	220.00	352.00	176.00	264.00	132.00	176.00	88.00	88.00	44.00
October	440.00	220.00	352.00	176.00	264.00	132.00	176.00	88.00	88.00	44.00
November	320.00	160.00	256.00	128.00	192.00	96.00	128.00	64.00	64.00	32.00
December	300.00	150.00	240.00	120.00	180.00	90.00	120.00	60.00	60.00	30.00
January	420.00	210.00	336.00	168.00	252.00	126.00	168.00	84.00	84.00	42.00
February	300.00	150.00	240.00	120.00	180.00	90.00	120.00	60.00	60.00	30.00
March	400.00	200.00	320.00	160.00	240.00	120.00	160.00	80.00	80.00	40.00
April	340.00	170.00	272.00	136.00	204.00	102.00	136.00	68.00	68.00	34.00
May	420.00	210.00	336.00	168.00	252.00	126.00	168.00	84.00	84.00	42.00
June	220.00	110.00	176.00	88.00	132.00	66.00	88.00	44.00	44.00	22.00
TOTALS	3600.00	1800.00	2880.00	1440.00	2160.00	1080.00	1440.00	720.00	720.00	360.00

We understand that you may need to add an additional day from time to time. If you need to do so, **please contact the principal of your child's school for prior approval.** This is to ensure there is the appropriate coverage for your child to attend on a non-scheduled day. **Please note there will be an additional charge of \$10.00 per day for the Before School Program and \$20.00 per day for the After School Program.**

**Also it is important to note there will be a \$5.00 per minute late fee charged for any student not picked up from the after school program by 6:00 p.m.**

We thank you for selecting our Satellite or Galaxy Program for your child. We hope you and your child find the program to be fun and enriching.

**SATELLITE/GALAXY BEFORE/AFTER SCHOOL PROGRAM**

**SCHOOL AGE CHILDCARE  
REGISTRATION FORM FOR 2024-2025**

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PARENT/GUARDIAN:**

PARENT: \_\_\_\_\_ PARENT: \_\_\_\_\_

WORK #s: \_\_\_\_\_

Cell #s: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Place of Employment: PARENT: \_\_\_\_\_ PARENT: \_\_\_\_\_

Siblings in Program: \_\_\_\_\_

Please state any known allergies/medicines: \_\_\_\_\_

Are there any medications that need to be dispensed? \_\_\_\_\_

**Hours of Operation**

***Before School (\$25.00 Registration Fee): \$10.00 per day***

7:00 a.m. – start of the school day.

(Please check one)

- |                            |                   |                       |                  |
|----------------------------|-------------------|-----------------------|------------------|
| <input type="checkbox"/>   | OPTION A (5 Days) | Monday through Friday |                  |
| <input type="checkbox"/>   | OPTION B (4 Days) | _____                 | List days needed |
| † <input type="checkbox"/> | OPTION C (3 Days) | _____                 | List days needed |
| <input type="checkbox"/>   | OPTION D (2 Days) | _____                 | List days needed |
| <input type="checkbox"/>   | OPTION E (1 Day)  | _____                 | List day needed  |

***After School (\$25.00 Registration Fee): \$20.00 per day***

End of the school day to 6:00 p.m.

(Please check one)

- |                            |                   |                       |                  |
|----------------------------|-------------------|-----------------------|------------------|
| † <input type="checkbox"/> | OPTION A (5 Days) | Monday through Friday |                  |
| † <input type="checkbox"/> | OPTION B (4 Days) | _____                 | List days needed |
| † <input type="checkbox"/> | OPTION C (3 Days) | _____                 | List days needed |
| † <input type="checkbox"/> | OPTION D (2 Days) | _____                 | List days needed |
| <input type="checkbox"/>   | OPTION E (1 Day)  | _____                 | List day needed  |

**\*\*\* The tuition for the first month is due on Monday, August 26th for the 2024-2025 school year. \*\*\***

**For more information, please feel free to contact the Auburn Public Schools' Central Office at 508-832-7755.**

**Auburn Satellite/Galaxy**



**School Age Childcare  
Emergency Form**

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**Student Information**

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

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

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

Doctor: \_\_\_\_\_

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

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**Guardian Information**

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Parent/Guardian \_\_\_\_\_

Parent/Guardian Business Address: \_\_\_\_\_

Cell Phone (Parent 1): \_\_\_\_\_

Business Phone (Parent 1): \_\_\_\_\_

Parent/Guardian Business Address: \_\_\_\_\_

Cell Phone (Parent 2): \_\_\_\_\_

Business Phone (Parent 2): \_\_\_\_\_

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**Person to call in an emergency:**

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Emergency Contact 1 Name: \_\_\_\_\_

Emergency Contact 1 Phone: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_

Emergency Contact 2 Phone: \_\_\_\_\_

Emergency Contact 3 Name: \_\_\_\_\_

Emergency Contact 3 Phone: \_\_\_\_\_

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**Designee For Pick Up Of My Child**

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Designee 1 Name: \_\_\_\_\_

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

Designee 1 Address: \_\_\_\_\_

Password: \_\_\_\_\_

Designee 2 Name: \_\_\_\_\_

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

Designee 2 Address: \_\_\_\_\_

Password: \_\_\_\_\_

Designee 3 Name: \_\_\_\_\_

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

Designee 3 Address: \_\_\_\_\_

Password: \_\_\_\_\_

In case of an emergency, I expect the Auburn Satellite/Galaxy Program to make every effort to reach me. If I cannot be reached, my child should be taken to \_\_\_\_\_ or the nearest hospital, and he/she may receive necessary medical treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_