WINTHROP PARKS & RECREATION
AFTER SCHOOL PROGRAM 2026-2027

The After-School Program Away from Your School!

Monday–Friday
School Dismissal – 5:30 p.m.

Gorman Fort Banks:

Kindergarten 1:50pm-5:30pm

1st & 2nd 2:10pm-5:30pm

Arthur T. Cummings School:

2:35pm-5:30pm

At Winthrop Parks & Recreation, our after-school program focuses on youth development through active play, creativity, and positive social interaction. Children enjoy a variety of age-appropriate games, sports, crafts, and group activities that encourage teamwork, build confidence, and keep minds and bodies active.

Our goal is to provide affordable, high-quality recreation programs that offer children opportunities to learn, play, and grow in a safe, supportive environment. Through recreation, enrichment, and community events, we help build strong individuals and a stronger community.

For more information, visit **www.winthroprec.com** or call

617-846-8243.

Winthrop Parks & Recreation
45 Pauline Street (EB NEWTON)
Program Location: EB Newton 2nd Floor

WINTHROP PARKS AND RECREATION
AFTER SCHOOL PROGRAM 2026 – 2027

Program Location: EB Newton 2nd Floor
45 Pauline St. (EB Newton) Winthrop, MA 02152
617 846-8243

CHILD'S NAME_____

****THESE RATES ARE FOR 2026, RATES FOR 2027 ARE SUBJECT TO CHANGE****

COST:

DAILY (CHOOSE YOUR DAYS) Minimum of two days per week	$ 28.00	PER DAY
SCHOOL HALF DAYS	$ 39.00	PER DAY

LATE FEES: **Late pick ups will be strongly enforced in the 2026-2027 School Year. We understand emergencies do occur. Please contact us at 617 846-8243 so our staff and your child are made aware of the situation. Habitual lateness will not be tolerated, and your child will be asked to leave the program if this becomes a persistent problem. Late charges will be $1.00 per minute after 5:30pm.**

Signature Date

WINTHROP PARKS AND RECREATION
AFTER SCHOOL PROGRAM 2026-2027

Child's Name_____

Payment & Attendance Policies

Payment Due: Tuition is due **no later than Thursday for the following week's care.** Children must be prepaid to attend and will not be scheduled without payment.

Missed Days: Tuition is not refunded or credited for scheduled absences due to illness, vacation, or other reasons. A minimum of **two weeks' written notice** (emailed to **parksandrecreation@winthropma.gov**) is required for schedule changes or cancellations. Staffing is based on your scheduled enrollment.

Additional Days: Extra days may be added if space and staffing are available. Requests for additional days or activity escorts require at least **24 hours' notice** and payment at the time of the request. Scheduled days cannot be exchanged for other days without two weeks' notice.

Returned Payments: A **$25 fee** will be charged for returned checks and a **$10 fee** for declined credit/debit card payments. If paying by card, please ensure your payment information is current and funds are available.

Schedule Changes & Withdrawal: Any withdrawal from the program, reduction in days, or other schedule changes must be submitted by email to **parksandrecreation@winthropma.gov** with **two weeks' notice**. Verbal requests cannot be accepted. Tuition will continue to be charged based on your original schedule until the required notice period has been met.

Please initial each item as you read it and sign and date below to confirm you understand the policy.

Parent/Guardian Signature Date

WINTHROP PARKS AND RECREATION

CHILD'S NAME_____BIRTH DATE_____GRADE_____

ADDRESS_____

SCHOOL_____ TEACHER _____

Emergency Contact_____
(Other than parents) **** (name/phone – relationship to child)

Mother's Information

Name_____

Address_____

Home Phone_____

Work Phone_____

Cell Phone_____

Email_____

Father's Information

Name_____

Address_____

Home Phone_____

Work Phone_____

Cell Phone_____

Email_____

Release Information

I authorize Winthrop Parks and Recreation to release my child to the following people.

NAME_____ PHONE_____

ADDRESS_____ PHONE_____

NAME_____ PHONE_____

ADDRESS_____ PHONE_____

NAME_____ PHONE_____

ADDRESS_____ PHONE_____

Children will be released only to those listed above.

_____ _____
Parent / Guardian Signature Date

WINTHROP PARKS AND RECREATION
AFTER SCHOOL PROGRAM 2026 – 2027

Child's Name_____ Age/GR_____

HOURS Dismissal until 5:30PM

WEEKS Please Circle Days your child will attend. Two Day Minimum per child.

1.	SEP 07-11	**HOLIDAY CLOSED**	TUE	WED	THU	FRI
2.	SEP 14-18	MON	TUE	WED	THU	FRI
3.	SEP 21-25	MON	TUE	WED	THU	FRI
4.	SEP 28-OCT 2	MON	TUE	WED	THU	FRI
5.	OCT 05-09	MON	TUE	**1/2 DAY**	THU	FRI
6.	OCT 12-16	**CLOSED**	TUE	WED	THU	FRI
7.	OCT 19-23	MON	TUE	**1/2 DAY**	THU	FRI
8.	OCT 26-30	MON	TUE	**1/2 DAY**	THU	FRI
9.	NOV 02-06	MON	CLOSED	**1/2 DAY**	THU	FRI
10.	NOV 09-13	MON	TUE	CLOSED	THU	FRI

11.	NOV 16-20	MON	TUE	WED	THU	FRI
12.	NOV 23-27	MON	TUE	**CLOSED**	**CLOSED**	**CLOSED**
13.	NOV 30- DEC 04	MON	TUE	WED	THU	FRI
14.	DEC 07-11	MON	TUE	WED	THU	FRI
15.	DEC 14-18	MON	TUE	WED	THU	FRI
16.	DEC 21-25	MON	TUE	**CLOSED FOR HOLIDAY (SPECIAL EVENTS)**		
17.	DEC 28-JAN 01	**CLOSED FOR HOLIDAY (SPECIAL EVENTS)**				
18.	JAN 04-08	**MON**	**TUE**	**WED**	**THU**	**FRI**
19.	JAN 11-15	MON	TUE	WED	THU	FRI
20.	JAN 18-22	**CLOSED**	TUE	WED	THU	FRI
21.	JAN 25-29	MON	TUE	**1/2 DAY**	THU	FR
22.	FEB 01-05	MON	TUE	WED	THU	FR
23.	FEB 08-12	MON	TUE	WED	THU	FRI
24.	FEB 15-19	SCHOOL VACATION WEEK (SPECIAL EVENTS)				
25.	FEB 22-26	MON	TUE	WED	THU	FRI

26.	MAR 01-05	MON	TUE	WED	THU	FRI
27.	MAR 08-12	MON	TUE	WED	THU	FRI
28.	MAR 15-19	MON	TUE	**1/2 DAY**	THU	FRI
29.	MAR 22-26	MON	TUE	**1/2 DAY**	THU	FRI
30.	MAR 29- APR 02	MON	TUE	**1/2 DAY**	THU	FRI
31.	APR 05-09	MON	TUE	WED	THU	FRI
32.	APR 12-16	MON	TUE	WED	THU	FRI
33.	APR 19-23	SCHOOL VACATION WEEK (SPECIAL EVENTS)				
34.	APR 26-30	MON	TUE	WED	THU	FRI
35.	MAY 03-07	MON	TUE	WED	THU	FRI
36.	MAY 10-14	MON	TUE	**1/2 DAY**	THU	FRI
37.	MAY 17-21	MON	TUE	WED	THU	FRI
38.	MAY 24-28	MON	TUE	WED	THU	FRI
39.	MAY 31-JUN 04	CLOSED	TUE	WED	THU	FRI

40.	JUN 07-11	MON	TUE	WED	THU	FRI
41.	JUN 14-18	MON	TUE			

IF THERE ARE NO DAYS OFF FOR SNOW OR OTHER EMERGENCIES,
THE LAST DAY OF SCHOOL WILL BE JUNE 16TH. OUR LAST PROGRAM DAY WILL BE JUNE 15TH

Please sign below to state that you have read and understand YOUR COMMITMENT TO THIS SCHEDULE. THANK YOU!

_____ _____

Signature Date

I, _____, in my legal capacity as the parent/guardian of

_____, do hereby acknowledge and agree that participation in Winthrop Recreation Department programs and activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but not limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of this Agreement.

I understand that the minor's participation in these programs is voluntary and that the minor or I are free to choose not to participate in said programs. By voluntarily agreeing to participate in Winthrop Recreation Department programs and activities, I certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks.

In consideration of _____'s participation in Winthrop Recreation Department programs, I and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE, INDEMNIFY AND HOLD HARMLESS the Town of Winthrop, , Winthrop Recreation Department, their officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Releasees, on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Releasees' facilities/equipment or participation in Releasees' programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Periodically, the Recreation Department photographs/video tapes program participants for promotional use. Unless the participant/guardian informs us of their desire not to be photographed, the Recreation Department will use photographs/videotapes for their promotional purposes.

I further certify that I am over the age of 18 and otherwise legally competent to sign this Agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this Agreement are legally binding and certify that I am signing this Agreement, after having carefully read it, of my own free will.

_____

Participant Name

_____

Signature of Parent/Guardian or ADULT Participant Name Date

WINTHROP PARKS AND RECREATION

Child's Name_____

First Aid and Emergency Medical Care

In the event of an emergency where I cannot be reached, I authorize Winthrop Parks and Recreation to transport my child to the nearest medical facility to obtain treatment for my child. I also authorize Winthrop Parks and Recreation to administer basic First Aid as necessary.

Child's Physician: _____ Health Insurance_____

Address_____ Phone_____

_____

Chronic Health Problems

_____

Please list child's allergies (medication, over the counter drugs, food, insects, etc.)

_____

Parent/guardian signature Date

Permission for Transportation and Local Field Trips

Winthrop Parks and Recreation will be using our vehicles to transport the children from the Fort Banks school to the PSA Hall and also to local activities such as neighborhood parks, fields, etc.. Please sign below to give permission for your child to attend these activities aboard our transportation.

_____

Parent/guardian signature Date

WINTHROP PARKS AND RECREATION

Child's Name_____

Photo and Video Release

I give permission for my child to be photographed or video taped at Winthrop Parks and Recreation's After School program and field trips. These pictures will be used for newspapers, calendar, our website and displays at the Parks and Recreation Building.

Signature Date

Movies

Please check the following movie ratings that your child is allowed to watch.

G_____ PG_____

_____

Parent/ guardian signature Date

ESCORTS WILL NOT BE AVAILABLE BEFORE 3:00PM
****** $5.00 ONE WAY & $9.00 ROUND TRIP******

In an effort to help parents and allow children to participate in other after school activities, we will walk/drive your child to nearby sites such as Winthrop Gymnastics Academy, St. John's School for religious education classes, Larsen Rink for skating or hockey, Cervizzi's Martial Arts, etc. We will be confined to Winthrop. Please see MiKayla to set up a schedule of your child's activities or if you have a question as to whether the site falls within the guidelines.

Parent/guardian signature Date

WINTHROP PARKS AND RECREATION

CHILD'S NAME_____

TRIAL PERIOD

All children are accepted into the program on a trial basis to ensure it is a good fit for both the child and the program. If concerns arise about a child's participation or the program's ability to meet their needs, we will schedule a conference with the parent or guardian to discuss the best path forward.

To help us provide a positive experience for everyone, please share any behavioral concerns, special needs, or other important information before registration. Winthrop Parks and Recreation reserves the right to determine whether the program is an appropriate fit and may recommend alternative care or services when necessary.

_____

Parent/guardian signature Date

ABSENCES / EARLY DISMISSALS / LATE ARRIVALS

Please notify Parks and Recreation if your child will be absent, arriving late, or leaving early for any reason (illness, vacation, appointments, etc.). This helps us ensure accurate attendance and keeps the program running smoothly.

For your child's safety, we will only release them to individuals authorized by a parent or guardian. We cannot accept release instructions from a child or another adult.

Please call as early as possible, preferably the first thing in the morning, to report any attendance changes.

_____

Parent/guardian Date

WINTHROP PARKS AND RECREATION

MANDATORY CREDIT/DEBIT CARD INFORMATION

Please provide your credit/debit card information to keep on file for your child's account.

Please note: Your card will **not** be charged for weekly tuition unless you have authorized automatic payments. If your account becomes two or more weeks past due, the card on file may be charged for the outstanding balance.

If you would like use to process the payment, please check box below

If you have any questions or concerns, please contact MiKayla.

Child's name:_____

Parent/Guardian Name:_____

Name on Credit Card:_____
(If different from above)

Address Credit Card
Billed to:_____

Type of Card: ___ Mastercard ____ Visa

Card Number:_____ Expiration Date _____/_____

3 – 4 digit CVV number _____ (back of card near signature panel)

PLEASE CHECK ONE

____ This is to charge my credit/debit card every week on Thursday for the upcoming week's tuition.

____ The above credit card should only be charged in the event my balance is overdue.

Parent Signature_____ Date_____

ESCORT SCHEDULE

Dear Parents/Guardians,

We know many children participate in after-school activities, and Winthrop Parks and Recreation is happy to offer an escort service to help them attend while enrolled in our program.

If your child will be participating in a local activity within the Center area (up to St. John's Parish on Winthrop Street) and will need to be escorted by Parks and Recreation staff, please complete the attached form and return it to MiKayla as soon as possible.

Please note:

- Children **cannot** be escorted without a complete form.
- Schedule changes **cannot** be made over the phone. Any changes must be submitted by email or on a new form with 24 hour notice
- Incomplete forms will not be accepted.
- If you do not yet know your child's activity dates or times, please wait to submit the form until all information is available.

The escort fee is **$5.00 one way** or **$9.00 round trip**, as outlined in the Fall Program Packet.

The attached form allows you to list up to **five activities**. Please include the activity name, location, days, and drop-off and pick-up times for each.

Thank you for helping us ensure your child's schedule runs smoothly!

ESCORT SCHEDULE

Child's Name: _____

Activity 1
Activity Name: _____ Start Date: _____
Location: _____
Days of Week Attending: _____
Drop off time: _____ Pick up time: _____

Activity 2
Activity Name: _____ Start Date: _____
Location: _____
Days of Week Attending: _____
Drop off time: _____ Pick up time: _____

Activity 3
Activity Name: _____ Start Date: _____
Location: _____
Days of Week Attending: _____
Drop off time: _____ Pick up time: _____

Activity 4
Activity Name: _____ Start Date: _____
Location: _____
Days of Week Attending: _____
Drop off time: _____ Pick up time: _____

Permission to walk/drive children to individual activities- ESCORTS WILL NOT BE AVAILABLE BEFORE 3:00PM
****** $5.00 ONE WAY & $9.00 ROUND TRIP******

Parent/guardian signature Date