

Beacon Rec After School Programs

2018-2019 Tuition Assistance



Thank you for your interest in the Beacon Rec After School programs. To apply for tuition assistance, please complete the form (opposite side) which allows us to verify your free/reduced lunch status with the Beacon Central School District (BCSD).

If deemed eligible for tuition assistance, you may enroll your child(ren) for a maximum 3 days per session of program at a discounted rate. The fee schedule for one, ten-week session is as follows:

1 Day Per Week	\$65.00	
<i>Additional Siblings</i>	<i>\$55.00 each</i>	
2 Days Per Week	\$130.00	
<i>Additional Siblings</i>	<i>\$110.00 each</i>	
3 Days Per Week	\$195.00	
<i>Additional Siblings</i>	<i>\$165.00 each</i>	
4 Days Per Week	\$325.00	(3 days discounted, 1 day full price)
<i>Additional Siblings</i>	<i>\$295.00 each</i>	
5 Days Per Week	\$455.00	(3 days discounted, 2 days full price)
<i>Additional Siblings</i>	<i>\$425.00 each</i>	

These spaces (as well as spaces in the program in general) are available on a first come, first serve basis. To secure your space, please submit the following:

1. **BCSD Consent To Release Free Or Reduced Price Eligibility Information (opposite side)**
 - Should you be found to be ineligible for tuition assistance, you will have opportunity to either pay the balance or withdraw from the program
 - Once approved, you are approved for the full school year
2. **Completed Registration Form(s)**
3. **Program Tuition**
 - Should you be found to be ineligible for tuition assistance, you will have opportunity to either pay the balance or withdraw from the program

All other registration deadlines apply.

In addition to tuition assistance, please note that if your family qualifies for Department of Social Services (DSS) Child Care Assistance, DSS will pay some or all of the tuition for the program. Please speak with us further for more details.

BEACON CITY SCHOOL DISTRICT 2018-2019

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

If you wish your child to be eligible for any of the programs listed – Please fill out this form and return with your Free and reduced application form to your school or the Food Service Office. We will release only your eligibility to those program operators within the School district that you have checked off.

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

Date: _____ (Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal exam fee waivers such as for SAT, ACT, advanced placement classes
- College application fee waivers
- Local health and education programs and other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as Tuition Scholarships to after school care or summer camps,
- Community programs such as holiday baskets, summer arts and playground programs, backpack programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named uses.

Child/Children:

Name: _____ Student ID # _____

Name: _____ Student ID# _____

Name: _____ Student ID# _____

Add additional children on back of this form

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.