

James Tansey Elementary School



711 Ray Street
Fall River, Massachusetts 02720
(P) 508-675-8206(F) 508-675-4530

Christopher Audette
Principal

Erin Kazen
Assistant Principal

Morning and Afternoon Daycare

Daycare phone number – 508-646-0965
Main Office 508-675-8205

Morning Care:

- Opens at 7:00 am each day.
- \$3.00 per day / per child
- Children are to enter through the front cafeteria door.
- NO registration is necessary for morning care.
- Payment for children that only attend occasionally should be paid to the daycare staff upon arrival.
- Payment for children that attend full-time may be made each Friday for the week.
- Checks should be made out to The City of Fall River.

Afternoon Care:

- Daily from 2:52 pm – 5:30 pm.
- Sliding fee scale
 - Free Lunch Eligibility: \$6.00 per day for first child, \$3.00 each additional child.
 - Reduced Lunch Eligibility: \$8.00 per day for first child, \$3.00 each additional child.
 - Full Lunch: \$10.00 per day for first child, \$3.00 each additional child
 - Students picked up late will be charged \$15 for every 15 minutes beyond 5:30pm.
- Registration packets are available at the school office or from daycare staff.
- Parents/Guardians are to enter through the side cafeteria door when picking children up.
- Anyone picking up a child must be listed in the child's registration packet.
- Payments must be made by the end of each week.
- Checks should be made out to The City of Fall River.

Please provide a list of those persons able to pick up your child from the program. Please make any changes as necessary during the year to names listed below. A license or other form of identification will be required to be shown by those who do not usually pick up your child.

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Date: _____

Student Medical Information

Name: _____

Address: _____

Special Medical Problems:

Medications: (medications can not be administered during the day)

Doctor's Name: _____ Phone Number: _____

I grant permission to have my child transported to the hospital in the event of an accident or serious illness.

Parent/Guardian Signature

Date

Parent/Guardian Name _____

Parent/Guardian 1

Parent/Guardian 2

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Please update this information in the event there are any changes.