

TEWKSBURY PUBLIC SCHOOLS
 DIVISION OF COMMUNITY SERVICES
 2008 SUMMER PROGRAMS
 Telephone: (978) 640-7831

REGISTRATION FORM FOR EXTENDED DAY PROGRAMS

Student's Name: _____ Grade September 2008: _____
 Parent/Guardian (#1): _____ Parent/Guardian (#2): _____
 Cell (#1): () _____ Cell (#2): () _____
 Home Address: _____ Tewksbury, MA 01876 Home Phone #: (978) _____

I have read and understand the policies and procedures contained in this brochure/handbook.

Parent/Guardian Signature

Date

1. Pay by check/money order made payable to **TOWN OF TEWKSBURY**
2. Mail this form and check to:
Dr. Cynthia A. Basteri
Director of Community Services
Tewksbury Public Schools
320 Pleasant Street
Tewksbury, MA 01876

NOTE
WE DO NOT SEND CONFIRMATIONS.
 Student is officially enrolled and his/her name is placed on the roster when we receive completed forms and payment.

3. **Deadline:** May 30, 2008. There will be a \$10 registration fee for all registrations received after May 30th.

SEPARATE PAPERWORK REQUIRED FOR EACH STUDENT

- ◆ **PLACE A CHECK MARK** BESIDE THE TYPE OF PROGRAM IN WHICH YOU WISH TO ENROLL YOUR CHILD. **ALSO, CIRCLE** CHOICE OF DAYS AND/OR TIMES IF LESS THAN FULL DAY, FULL WEEK PROGRAM.
- ◆ **ONCE YOUR CHILD IS REGISTERED, WE REQUIRE A TWO WEEK WRITTEN NOTICE OF CANCELLATION.**

Please check Location

_____ **EXTENDED DAY SUMMER PROGRAM AT THE NORTH STREET SCHOOL 7:30AM to 5:30PM Grades 1-4**
 _____ **EXTENDED DAY SUMMER PROGRAM AT THE WYNN MIDDLE SCHOOL 7:30AM to 5:30PM Grades 5-9**

TYPE OF PROGRAM	*TUITION	6/23	*6/30	7/7	7/14	7/21	7/28	8/4	8/11
5 FULL DAY, FULL WEEK PROGRAM	\$140.00/wk.								
4 FULL DAYS, (M T W TH F)	\$125.00/wk.								
3 FULL DAYS, (M T W TH F)	\$100.00/wk.								
5 HALF DAYS AM PM	\$ 90.00/wk.								
3 HALF DAYS – AM (M T W TH F)	\$ 65.00/wk.								
3 HALF DAYS – PM (M T W TH F)	\$ 65.00/wk.								
Tuition Amount								\$	
Sibling Discount: 10% for 2nd child, 15% for 3rd child (For "full day/5 day" students only)								\$	
Registration Fee after May 30th: +\$10.00 (Per student)								\$	
Total Enclosed								\$	

*Extended Day is not in session on Friday, July 4th.

*WEEKLY TUITION RATES ARE SUBJECT TO CHANGE

FOR OFFICE USE ONLY

Form of payment:
 Check/M.O.# _____
 Amount: \$ _____
 Registration Fee: \$ _____
 Date Received _____

(OVER FOR ACCIDENT ILLNESS FORM)

**TEWKSBURY PUBLIC SCHOOLS
SUMMER EXTENDED DAY PROGRAMS**

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF SUMMER EXTENDED DAY CHILDREN:

In case of accident, illness or other emergency, the Summer Extended Day staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Student's Name _____ Date of Birth _____ Current Grade _____
Last First Initial

Home Address _____ Tewksbury, MA 01876 Home Phone () _____

Parent/Guardian (#1): _____ Parent/Guardian (#2): _____

Cell (#1): () _____ Cell (#2): () _____

Parent/Guardian (#1) Place of Business _____ Business Phone () _____

Parent/Guardian (#2) Place of Business _____ Business Phone () _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification.

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Name _____ Address _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense?
YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Name of Doctor: _____ Address _____ Phone () _____

Name of Dentist: _____ Address _____ Phone () _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES _____ NO _____

IF YES, PLEASE LIST. _____

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____

If the answer is "yes", you must come to the site to administer these medications. _____

Signed _____

(PARENT OR GUARDIAN)

(DATE)

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.