

**COMMUNITY SERVICES
TEWKSBURY PUBLIC SCHOOLS
320 Pleasant Street
Tewksbury, MA 01876**

**KINDERGARTEN EXTENDED DAY REGISTRATION FORM
2009-2010 School Year**

Child's Name _____ School _____
Home Address _____ Home Phone _____
Mother's Name _____ Work Phone () _____
Father's Name _____ Work Phone () _____
Parent/Guardian *Signature* _____ Date _____

EXTENDED KINDERGARTEN PROGRAM
(Schedule will mirror your child's public kindergarten placement.)

_____ **Two and One Half Day Program**
\$85.00/week

START DATE: 1st day of public kindergarten Yes ___ No ___ IF NO, Other Start Date: _____

BEFORE SCHOOL PROGRAM

*(Doors open 2 hours before the start of school)

_____ **Five Day Program** _____ **Three Day Program** **Days Attending: M T W TH F**
\$37.50/week \$28.50/week (must be the same days each week)

START DATE: 1st day of public kindergarten Yes ___ No ___ IF NO, Other Start Date: _____

AFTER SCHOOL PROGRAM

*(operates for 3 hours at the conclusion of the school day)

_____ **Five Day Program** _____ **Three Day Program** **Days Attending: M T W TH F**
\$65.00/week \$47.00/week (must be the same days each week)

START DATE: 1st day of public kindergarten Yes ___ No ___ IF NO, Other Start Date: _____

**Times coincide with the public school day schedule.*

Please check:

Amount of Payment:

_____ Kindergarten: 2-week deposit of \$170.00	\$ _____
_____ Before School: 2-week deposit of \$75 for 5 days _____ \$57 for 3-days _____	\$ _____
_____ After School: 2-week deposit of \$130 for 5 days _____ \$94 for 3-days _____	\$ _____
_____ Registration Fee: \$10.00 (Fee waived if paid before Friday, May 1, 2009)	\$ _____
TOTAL ENCLOSED \$ _____	

Did you remember to include:

- Completed Registration Form
- Completed Accident- Illness Form
- Signed and Witnessed Consent and Release Form
- Deposit – check or money order made out to the "Town of Tewksbury"

Your registration is not complete without all of the above.

FOR OFFICE USE ONLY

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

(OVER)

TEWKSBURY PUBLIC SCHOOLS

EXTENDED DAY PROGRAMS

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF EXTENDED DAY CHILDREN:

In case of accident, illness or other emergency, the 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 M.I.

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 parents/guardians. These people, if not known by the staff, must provide appropriate identification. **(At least one person should be LOCAL).**

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.

