

ASHBURNHAM-WESTMINSTER EXTENDED DAY PROGRAM – ENROLLMENT PACKET

Please check one: Before School After School Before & After School As needed only

Child Information:

Child's Name	Date of Birth	Age	Grade/Teacher
Street Address	City	Zip Code	
Home Phone	Eye Color	Hair Color	
Start Date	Gender	Height	Weight
Identifying marks			
Chronic Health Conditions/allergies			
Special limitations/concerns – special diets			

Parent / Guardian Information:

1 st Parent/Guardian Name	2 nd Parent/Guardian Name
Relationship to Child	Relationship to child
Home Address	Home Address
Home Telephone	Home Telephone
Cell Phone	Cell Phone
Employer	Employer
Employer City/Town	Employer City/Town
Work Phone & Extension	Work Phone & Extension
Usual hours at work	Usual hours at work
Email Address to receive Ext Day emails	Email Address to receive Ext Day emails

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, are current and on file with the school department.

Parent/Guardian Signature	Date
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Child's Name	
Other family information:	
Parent Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Is there a separation/divorce/custody arrangement that we should be aware of? <input type="checkbox"/> Please provide a copy of custody arrangements.	
Please list the names of any other family members (siblings/grandparents, etc.) who are living in the child's home:	
Name	Relationship to child:
Name	Relationship to child:
Name	Relationship to child:
Medical Consent & First Aid	
Child's Name	Date of Birth
Physician's Name	Physician's Phone
Physician's Address	Town
Child's Allergies	
Chronic Health Conditions	
Health Insurance Coverage/Who carries insurance?	Health Insurance Policy #
<ul style="list-style-type: none"> • I hereby authorize the AWRSD Ext Day staff who are trained in basic first aid and CPR to administer aide to my child when appropriate. • I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to call 911 to transport my child to the nearest medical care facility and/or to _____, or when a delay would be dangerous to my child's health. • I hereby authorize the Program to contact persons listed on the Authorized Pick-up & Emergency Contact List if I cannot be reached to inform them of a medical emergency. 	
Parent/Guardian Signature	Date
Authorizations – please initial each line	
My child has permission to participate in all activities at Ext. Day, including those on and off site.	
My child's photo may be taken and used for outside media sources (newspaper)	
During the nice weather, my child may use sunscreen and/or insect repellent, which I will provide	
My child has permission to be released to activities within the school such as music lessons, scouts, enrichment classes, etc. I understand that if my child participates in these type of activities within their time at Ext Day, that I am still responsible for payment during that time.	
I have received a copy of the payment policy and handbook and agree to the terms within. This includes late pick up fees, finder's fees, late payment fees and accounts which may fall into arrears.	
Parent/Guardian Signature	Date

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Authorized Pick-Up & Emergency Contact List

*I authorize the AWRSD Extended Day Program to release my child to the following persons listed below. These same people may be contacted in the event of an emergency and I cannot be reached. I understand that all persons listed below must present a **valid photo ID** at pick-up, or my child may not be released to them. Please indicate if each person may pick up at **any time or only when you notify us**.*

Child's Name	Parent/Guardian Signature	Date
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1st Parent/Guardian Name	2nd Parent/Guardian Name
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Cell Phone	Work Phone	Cell Phone	Work Phone
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1st Authorized Person to pick up	Relationship to child
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Best Number to reach	Alternate Phone	Unrestricted pick-up Yes No
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2nd Authorized Person to pick up	Relationship to child
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Best Number to reach	Alternate Phone	Unrestricted pick-up Yes No
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3rd Authorized Person to pick up	Relationship to child
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Best Number to reach	Alternate Phone	Unrestricted pick-up Yes No
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4th Authorized Person to pick up	Relationship to child
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Best Number to reach	Alternate Phone	Unrestricted pick-up Yes No
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Additional information regarding pick up & emergency contacts:

Scheduling

Families are emailed a monthly calendar to fill out and submit prior to the beginning of each month. Payment is calculated and expected for each day reserved, no credit for cancellation or non-attendance.

When making a permanent change to your schedule, please give at least 2 weeks notice (as in adding music lessons, sports, work change).

Thank you for taking the time to complete this school year registration packet. If there are any changes throughout the year, please notify both Ext Day and the school office. Registration fee is \$25.00 for the 1st child and \$5.00 for each additional child.

I hereby request that my child/children _____ be enrolled in the AWRSD Extended Day Program. I acknowledge that neither the Program, towns of Ashburnham & Westminster, the school district, nor anyone associated with the Program are liable or assume responsibility for any injuries incurred as a result of participation in the Program.

I have reviewed a copy of the handbook, payment policy and scheduling information, which are available on-line, and I agree to the policies set forth within these documents and approved by the School Committee.

Parent/Guardian Signature	Date
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