

**Community Education
Dover-Sherborn Public Schools**

Dr. Andrew Keough, Superintendent

Stephen Ewing, Director of Sherborn Extended Day

SHERBORN EARLY MORNING CLUB REGISTRATION/RE-ENROLLMENT FORM

2018-2019 Grades K- 5

Please fill out individual forms for each child

Please Print Legibly

Child's Name: _____

Grade in 2018-2019: _____

Date of Birth: _____

Gender: M F

Sponsor (Parent/ Guardian):

Co-Sponsor (Parent/ Guardian)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Email: _____

Email: _____

PRIMARY EMAIL ADDRESS: _____

An emergency contact is someone other than a parent who can be available within 30 minutes to pick up your child in an emergency situation.

Emergency Contact 1

Emergency Contact 2

Name: _____

Name: _____

Phone: _____

Phone: _____

Please circle the mornings needed (min. of 3 days/week is required):

Monday Tuesday Wednesday Thursday Friday

photo here

Please include the tuition rate sheet with your registration/payment.

Scholarships are available for qualifying families.

Child's Name: _____ Date of Birth: _____

Family Doctor

Family Dentist

Family Hospital

Name: _____

Phone: _____

Insurance Policy Number: _____

Does your child have allergies? Yes No (circle one)

EPIPEN REQUIRED? Yes No (circle one)

If yes, you are required to supply Extended Day with an Epi-pen, in its original box, before your child attends our Extended Day Program.

Please describe in full any and all Allergies, Dietary Restrictions, Medical Circumstances (including medications), Learning Issues (including special education testing outcomes or IEP accommodations/modifications), or any other concerns that the Extended Day staff should be made aware of concerning your child.

How would you assess your child's social skills?

WAIVER TO PROVIDE MEDICAL TREATMENT

In the event of medical situations deemed to be emergencies I/we, the parents of _____
grant permission to the Extended Day staff to obtain emergency medical treatment.

Signature: _____ Date: _____

Sherborn Extended Day Before School (EMC) Registration Information

General Information

Sherborn Extended Day offers a fee-based Before School Early Morning Club (EMC) Program to all K-5th grade Pine Hill Students. *Pending adequate participation*, the 2018-2019 Program will continue. EMC is open each day from 7:00 until 8:20 (start of school) and located in the cafeteria.

Registration Information

Registration for currently enrolled families is opened from March 1st until March 15th. For new families, registration is from March 15th until March 31st. If we have more applications than spots we will utilize a lottery system in April. In order to secure your placement, all forms must be completed and delivered to the Extended Day Program Director, accompanied by a non-refundable, non-transferable \$100.00 security deposit, which will be applied to your first semester's payment. Should you withdraw before the semester ends, you will forfeit your semester's tuition payment and security deposit. The school year consists of two semesters. (Please see the Tuition Rate Sheet on the next page.)

For new families, please include a \$25.00 non-refundable, non-transferable registration fee (one fee per new family). A new family is considered a family that did not participate in EMC the previous year and is not enrolled in our after school program.

Scholarships are available for qualifying families.

YOUR APPLICATION WILL ONLY BE CONSIDERED WHEN THE ATTACHED FORMS ARE COMPLETED INCLUDED WITH THE FOLLOWING MATERIALS:

1. A recent wallet-sized picture of your child.
2. \$100.00 registration deposit; \$25.00 new family registration fee with the application forms. Checks are made payable to Sherborn Extended Day and in the subject line you should write EMC.
3. A copy of your child's most current signed physician's medical form and immunizations. This form is confidential so we must receive it directly from you.
4. Signed Parent Handbook Acknowledgment Form. The Handbook can be found on line at www.doversherborn.org, under Community Education > Programs > Sherborn Extended Day.

Space in EMC is prioritized by the number of mornings you require (five mornings, then four mornings, then three mornings). Families must register for at least three mornings per week. If your child is also enrolled in the after school program, your tuition for each program must be paid separately. If you have completed an application for the after school program, you do not need to send in another photo.

REMEMBER: EMC Tuition Payments will be paid in 2 increments (2 semesters).

- The first semester payment is due **August 1, 2018**, which covers August, September, October, November, December, and January 2019.
- Second semester payment is due **January 1, 2019**, which covers February, March, April, May, and June.
- Payments received after the semester due date may jeopardize your child's enrollment in the program and forfeit your security deposit.

If you have any questions, please contact Stephen Ewing, Sherborn Extended Day Director, by phone (508) 651-2771 or by email (ewings@doversherborn.org).

**Sherborn Extended Day
Before School (EMC) Tuition Rate Sheet**

Please include this tuition rate sheet with your registration forms and deposits

EMC Tuition Rates/Semester:

Three mornings per week = \$648/semester/child

Four mornings per week = \$864/semester/child

Five mornings per week = \$1080/semester/child

First semester tuition is due August 1, 2018 and is for August, September, October, November, December, and January of 2019. Second semester tuition is due January 1, 2019 and is for February, March, April, May, and June 2019.

Non Refundable Deposit of \$100.00/child: \$ _____

New Families Only: \$25.00

Total Enclosed: \$ _____

You will receive an invoice confirmation over the summer confirming your schedule and tuition amount due.

- Checks should be made payable to Sherborn Extended Day; please write EMC on the subject line.
- Deposits are non-refundable and non-transferable.
- Semester tuition and security deposits will be forfeited with withdrawal from the program

Scholarships are available for qualifying families.

Completed applications should be mailed or given to the Program Director.

**Sherborn Extended Day
2018-2019 Parental Permission**

Child's Name: _____

Please Initial next to each permission and sign the bottom of this form. Required permissions are marked with an asterisk (*).

_____ *Activity Permission: I, hereby, give permission for my child to take part in all Extended Day activities (with consideration for any restrictions or concerns noted here):

_____ *Waiver to Provide Medical Treatment: In the event of a medical situation determined to be an emergency by the staff, I/we grant permission for a trained staff person to provide first aid and/or CPR, to call an EMT (Emergency Medical Technician), or a doctor; and/or to transport my child by ambulance to the nearest emergency treatment facility. I/we understand that every effort will be made to contact me just as soon as the situation allows.

_____ *Medical Records: I, hereby, give permission for the staff to access my child's full medical records, including immunizations and medication release forms, which are on file with the Sherborn Public Schools; and I attest that I have attached a copy of my child's full medical records to this form.

_____ *Permission to Communicate with School Personnel: I understand that it is in the best interest of my child for there to be consistency and continuity between the classroom and Extended Day. In the interest of maintaining open lines of communication, I hereby give permission for the Extended Day staff to communicate with my child's classroom teacher and other school personnel.

_____ *Emergency Pick-up Permission: I, hereby, give permission for the people that I have indicated on the transportation section of this Student Information Packet have my permission to pick up my child, if it is necessary and I cannot be reached.

_____ Transportation: I, hereby, give permission for the senior Extended Day staff person present to transport my child in his/her car in the event that my child takes the school bus home by mistake.

_____ Permission to Photograph: I give permission for my child to be photographed while taking part in Extended Day activities and for those photographs to be used in future brochures, memory books, and displays.

Date: _____

Signature: _____

I verify that I have read the Sherborn Extended Day Parent Handbook available at www.doversherborn.org and I agree to abide by all rules, regulations, and procedures.

Parent/Guardian

Parent/Guardian

Signature 1: _____

Signature 2: _____