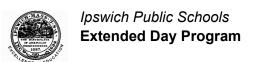


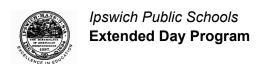
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Child's Name:	Preferred Nickname:				
School Name:	Grade:	Classroom Teacher:			
Home Address:	Primary Phone Numl	per:			
Start Date of Program:	Age at Start:				
Date of Birth:	Gender:				
Eye Color:	Hair Color:				
Identifying Marks:	Primary Language:				
Does your child have an IEP (Individualized Education Plan)?	Custody or Legal Ago	eements (please attac	ch):		
*Any allergies (include symptoms, medications and treatments/ special diets):	•				
*Asthma or health conditions, including medication a child is taking:					
Any special limitations or concerns:	Any special limitations or concerns:				
*Please note any allergies/asthma/medication may require additional pa	perwork completed by	parent/guardian			
First Call: Parent/Guardian Name:	Relationship to Child:	Prin	nary Number:		
Home Address:	Home Phone Number:	1			
Email Address:	Business Name:	Wor	k Phone Number:		
Business Address:	Hours/Schedule at Work:				
Second Call: Parent/Guardian Name:	Relationship to Child:	Prim	nary Number:		
Home Address: Home Phone Number:					
Email Address:	Business Name:	Wor	k Phone Number:		
Business Address:	Hours/Schedule at Work:	Hours/Schedule at Work:			
Parent/Guardian Signature:			Date:		



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Child	Inform	nation	⊢orm

Child's Physician:	Phone Nu	imber:	
Address:			
Child's Dentist:	Phone Nu	umber:	
Address:			
Health Insurance Carrier:		Policy Number:	
Health Insurance Subscriber:			
mergency Contacts (three people not p	previously listed who can	be contacted and are authorized to take your child)	
Name:	Relationsl	hip to Child:	
Address:	Primary P	Phone Number:	
Name:	Relationsl	hip to Child:	
Address:	Primary P	Primary Phone Number:	
Name:	Relationsl	Relationship to Child:	
Address:	Primary P	Phone Number:	
my child first aid and CPR when appro events of an emergency requiring me	priate. I understand tha edical attention for my c	f who are trained in the basics of first aid to give t every effort will be made to contact me in the hild. However, if I cannot be reached, I hereby edical care facility to secure necessary medical	
arent/Guardian Signature:		Date:	



Child	Inform	mation	Form
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Child's Name:

Schedule (Please check	off each day	your child will	l be attending	the prog	gram):
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AM: Monday	AM: Tuesday	AM: Wednesday	AM: Thursday	AM: Friday
PM: Monday	PM: Tuesday	PM: Wednesday	PM: Thursday	PM: Friday

2024-2025 Program Fees (All rates are monthly):

FEES ARE DUE ON OR BEFORE THE FIRST DAY OF EVERY MONTH

	2 Days	\$79.13		
Before School	3 Days	\$86.33		
7:00- 8:40 AM	4 Days	\$93.52		
	5 Days	\$100.72		
	2 Days	\$215.82		

	2 Days	\$215.82
After School	3 Days	\$230.21
3:00- 6:00 PM	4 Days	\$244.60
	5 Days	\$258.98

A 10% tuition reduction will be offered to families with 2 or more children enrolled in the program

*Late Fees

A late fee of \$10.00 will be charged if payment is made after the 10th of the month. You will be required to add the \$10.00 late fee to your monthly payment if tuition is paid after the 10th of the month.

Annual Registration:

\$46.00 Per Child (Non-refundable)

Due with Initial Registration

To hold your spot, a registration fee needs to paid

I understand and agree with the Ipswich Extended Day Program's policies regarding tuition fees and payments. I agree to pay my child's tuition in accordance with these policies.

Parent/Guardian Signature:	Date:
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Transportation Plan					
	Unsupervised Walk from classroom				
My child will ARRIVE at the program by:	Supervised walk from classroom				
My child will DEPART from the program by:	Parent/Guardian/Designee Pick Up				
Authorization for Pick Up:					
give permission for my child to be released from the pr	ogram to the following people:				
Name:	Relationship to Child:				
Address:	Primary Phone Number:				
Name:	Relationship to Child:				
Address:	Primary Phone Number:				
Name:	Relationship to Child:				
Address:	Primary Phone Number:				
	" form will only be allowed to receive a child with written permission. ow a picture ID at the request of Extended Day Program staff before a				
Parent/Guardian Signature:	Date:				