



**Ipswich Public Schools**  
**Extended Day Program**  
1 Lord Square, Ipswich, MA 01938

**Child Information Form**

Child's Name: \_\_\_\_\_

Child's Name:	Preferred Nickname:	
School Name:	Grade:	Classroom Teacher:
Home Address:	Primary Phone Number:	
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 Agreements (please attach):	
*Any allergies (include symptoms, medications and treatments/ special diets):		
*Asthma or health conditions, including medication a child is taking:		
Any special limitations or concerns:		

**\*Please note any allergies/asthma/medication may require additional paperwork completed by parent/guardian**

**Parent/Guardian Information**

First Call: Parent/Guardian Name:	Relationship to Child:	Primary Number:
Home Address:	Home Phone Number:	
Email Address:	Business Name:	Work Phone Number:
Business Address:	Hours/Schedule at Work:	
Second Call: Parent/Guardian Name:	Relationship to Child:	Primary Number:
Home Address:	Home Phone Number:	
Email Address:	Business Name:	Work Phone Number:
Business Address:	Hours/Schedule at Work:	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Information and Release**

Child's Physician:	Phone Number:
Address:	
Child's Dentist:	Phone Number:
Address:	

Health Insurance Carrier:	Policy Number:
Health Insurance Subscriber:	

**Emergency Contacts** (three people not previously listed who can be contacted and are authorized to take your child)

Name:	Relationship to Child:
Address:	Primary Phone Number:
Name:	Relationship to Child:
Address:	Primary Phone Number:
Name:	Relationship to Child:
Address:	Primary Phone Number:

***I authorize members of the Ipswich Extended Day Program staff who are trained in the basics of first aid to give my child first aid and CPR when appropriate. I understand that every effort will be made to contact me in the events of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility to secure necessary medical treatment.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Schedule (Please check off each day your child will be attending the program):**

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**

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

<b>After School</b> <b>3:00- 6:00 PM</b>	2 Days	\$215.82
	3 Days	\$230.21
	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 be 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**

<b>My child will ARRIVE at the program by:</b>	_____ Unsupervised Walk from classroom
	_____ Supervised walk from classroom
<b>My child will DEPART from the program by:</b>	_____ Parent/Guardian/Designee Pick Up

**Authorization for Pick Up:**

**I give permission for my child to be released from the program 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:

**\*Anyone not listed above or on the "Emergency Contact" form will only be allowed to receive a child with written permission. All parents/guardians/designees must be prepared to show a picture ID at the request of Extended Day Program staff before a child will be released.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_