



Swampscott

Extended Day

Before and Afterschool Program

2016-2017 REGISTRATION FORM

Please **PRINT CLEARLY** all INFORMATION and return with the family medical form, and food allergy to your child's school. For questions please contact the Director Lisa Stone at stone@swampscott.k12.ma.us

Student's Full Name _____ Nickname _____

School _____ 2016-17 Grade _____ Date of Birth _____

Student's Full Name _____ Nickname _____

School _____ 2016-17 Grade _____ Date of Birth _____

Student's Full Name _____ Nickname _____

School _____ 2016-17 Grade _____ Date of Birth _____

Home Address _____

Home Phone _____

Invoice email _____ (where your monthly tuition bill will be sent/as well as school correspondence)

Parent/ Guardian _____

Cell phone _____ Work Phone _____

Email Address _____

Parent/ Guardian _____

Cell phone _____ Work Phone _____

Email Address _____

EMERGENCY CONTACTS (Not Parents)

Contacts must be reachable during Extended Day hours.

Name _____ Phone #(s) _____

Relationship to student _____

Name _____ Phone #(s) _____

Relationship to student _____

Name _____ Phone #(s) _____

Relationship to student _____

Please PRINT CLEARLY All Information

Pick Up Authorization

☐ My self and my spouse are ONLY authorized to pick up our student/students.
In the event that I or my spouse is unable to pick up my student/students I hereby
authorize the Extended Day Program to release my student/students to the following persons.

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____

Morning Program Elementary Schools Only 7:00-8:10AM

Please circle all days that apply. Monday Tuesday Wednesday Thursday Friday

Weekly ☐ (everyday M-F)

Afternoon Program Dismissal-6:00PM Elementary/Teen Center

Please circle all days that apply. Monday Tuesday Wednesday Thursday Friday

☐ I have 1 child ☐ I have 2 children enrolled ☐ I have 3 children or more

☐ Weekly ☐ 4 days per week ☐ 3 days per week ☐ 2 days per week ☐ 1 day per week

☐ Drop- In **(Days and times must be selected 48 hours in advance **Drop- In fees apply)**

Pick-up Times

Please check ONLY one box

☐ 3:30PM ☐ 4:30PM ☐ 6:00PM ☐ Drop in **(schedule provide 48 hours in advance)**

Early Release Days K-8

Dismissal-2:15PM Elementary Schools, Teen Center 2:20PM (See Swampscott Calendar for Days)

Please check any of the following that apply

☐ I would like to pre- pay for 10 **Early Release days.**

☐ I would like to add \$13 for the Early Release days to my monthly bill for 1 child.

☐ I would like to add \$23.00 for 2 children for the Early Release days to my monthly bill.

☐ I would like to add \$30.00 for 3 children for the Early Release days to my monthly bill.

Please check any of the following that apply. *A copy of documentation must be received at time of enrollment and included in the enrollment packet. ******

☐ My student/students receive free lunch ☐ My student/students receive reduced lunch.

The director will be in touch regarding fees once documentation is received.

The Swampscott Public Schools does not discriminate or tolerate harassment against students, parents/guardians, employees or the general public. No person shall be excluded from or discriminated against in admission to the Swampscott Public Schools, or in obtaining the advantages, privileges and courses of study of the Swampscott Public Schools on grounds of race, color, religious creed, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, children, marital or civic union status, veteran status or membership in the armed services, receiving of public assistance, homeless, or handicap.

Extracurricular activities sponsored by the district are nondiscriminatory in that:

1. The school provides equal opportunity for all students to participate in intramural and interscholastic sports;
2. Extracurricular activities or clubs sponsored by the school do not exclude students on the basis of race, sex, gender identity, color, religion, national origin, sexual orientation, disability, or homelessness