



Swampscott

# Extended Day

Before and Afterschool Program

## 2017-18 Enrollment Checklist

Please **PRINT CLEARLY** all **INFORMATION** and return to your student's school

**Dear Extended Day Parent/Guardian,**

Please read the Swampscott Public School Handbook located on the website. After completing all enrollment forms, and agreeing to the following statements to ensure you have read and will abide by all the policies and procedures of Extended Day.

- I have read the District Student Handbook located on the district website and understand the rules, policies, and procedures.
- I agree to follow the Swampscott Public Schools Behavior and Discipline Policies and Guidelines located in the district student handbook.
- I have filled out my student/students' enrollment forms completely and accurately. **(To include Enrollment Checklist, Registration, Medical Form, Teen Dismissal Form (when applicable))**
- I will keep the **Program Description, Payment Policy, Fee Chart and General Information Sheet, for my records.**
- I will inform the program of any changes as they may occur relating to my child (Change in schedule, emergency contacts, release consent, changes in address, phone numbers, email, allergies, special limitations, and medical conditions, via email to my child's school Site Coordinator)
- I agree to the payment policy and procedures. I have made my registration payment of \$100.00 online. This payment goes towards my first month bill.
- I understand that I must give Extended Day 48 hours to process my paperwork before my child's first day at Extended Day.

Acknowledgement of Policies and Guidelines

**In order for the Extended Day Program to be a successful experience for all, I understand it is important that children, parents/ guardians follow all the rules, policies and procedures. By signing below, I acknowledge that I agree to abide by the policies and procedures of Extended Day. I will contact the Site Coordinator if I have any questions or concerns.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**Please sign and return this form with your enrollment packet.**