

**Community Education
Dover-Sherborn Public Schools**

Elizabeth McCoy, Superintendent

Tracey Carlin, Director of Sherborn Extended Day

SHERBORN EXTENDED DAY REGISTRATION/RE-ENROLLMENT FORM 2024-2025 Grades K- 5

***Please fill out individual forms for each child*(Please Print Legibly)**

2:15-5:15PM

Child's Name: _____

Grade in 2024-2025: _____

Date of Birth: _____

Sponsor (Parent/ Guardian):

Co-Sponsor (Parent/ Guardian)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work 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: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Can pick up anytime? Yes / No

Can pick up anytime? Yes / No

(If NO, you must call or send a note **EVERY** time this person is to pick-up your child)

Students must be registered for at least 3 days EACH week.

Please circle days needed:

Monday Tuesday Wednesday Thursday Friday

Please use *the tuition worksheet* to determine the monthly tuition for each child and include the worksheet with your registration forms.

New Families - Please include a \$25.00 non-refundable registration fee plus your June 2025 tuition deposit.

Attach a recent photo of your child here

**A new photo is required each year*

PLEASE MAKE CHECKS PAYABLE TO: SHERBORN EXTENDED DAY.

Completed registration forms should be mailed or given to the Program Director.

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 epipen, 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 ed. 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: _____