

EXCEL Programs

BEFORE AND AFTER SCHOOL PROGRAMS
STUDENT REGISTRATION AND EMERGENCY INFORMATION

Student Name: _____
Last First Middle Date of Birth

Primary Language Spoken in the Home: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Cell Phone/Pager: _____

Occupation: _____ Work Phone: _____

Work Address: _____ E-Mail: _____

Father's Name: _____ Home Phone: _____

Address: _____ Cell Phone/Pager: _____

Occupation: _____ Work Phone: _____

Work Address: _____ E-Mail: _____

Name/Grade of brothers/sisters in Maynard Public Schools:

*School officials **must** be able to reach parents or an adult who will be responsible for your child in the event of an emergency dismissal for **any** reason. Such reasons might be illness, weather, accident, etc. If neither mother nor father can be reached, please list below the names of two adults who can assume responsibility for your child. In case of a medical emergency, every effort will be made to contact the parents. If necessary, an ambulance will be summoned and the child will be taken to the nearest hospital.*

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

Physician's Name: _____ Phone: _____

Address: _____

Allergic Reactions: _____

Food Allergies: _____

Asthma: _____

Other: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Please read and sign reverse side.

Child's Name: _____

SCHEDULE

Please choose days that your child will attend EXCEL/FASC

**Before School – 7:00 AM to school start
at Green Meadow School**

After School – Dismissal to 6:00 PM

Mon _____
Tue _____
Wed _____
Thur _____
Fri _____

Mon _____
Tue _____
Wed _____
Thur _____
Fri _____

Children who attend the program on early release days will come to the program at the early release dismissal time.

EXCEL Contract

- 1) I understand that EXCEL care will be provided for the school year excluding holidays, snow days, professional days, the December school vacation and any other days deemed closed by Maynard Public Schools.
- 2) I agree to notify EXCEL at (978) 897-8021, if my child will not attend the program due to illness, etc. I will also notify EXCEL if there is a change in my child's pick up procedure.
- 3) I agree to pick up my child and sign out at the close of EXCEL/FASC. There will be a fee charged for late pick up.
- 4) I understand that tuition is due in full at the first of each month for the following month (or half on the first and half on the 15th of each month) payable to the Town of Maynard. A late fee of \$10 will be charged for checks not received by the 20th of the month. A notice of suspension from the program will be given to families that do not pay according to the above payment schedule. The mailing address is Maynard EXCEL, Green Meadow School, 5 Tiger Drive, Maynard, MA 01754.
- 5) I understand that the Maynard EXCEL fee schedule is based on equal monthly payments regardless of holidays, snow days, vacations, sick days, or other absences. Vacation weeks are an additional charge beyond the monthly payment.
- 6) The Maynard EXCEL Programs reserves the right to limit or terminate a child participating in the program, if by the judgment of the EXCEL staff and/or director, the child's behavior is inappropriate due to actions that are harmful to other children or him/herself, or poses a safety problem due to a child's inability to follow EXCEL rules and regulations.

Parent Signature _____ Date _____