

Please register on Community Pass under Professional Development Days by March 1st. Do not mail in your registration. You must register online.

**TEWKSBURY COMMUNITY SERVICES ANNOUNCES
FULL DAY EXTENDED DAY PROGRAM
For March Teacher Professional Development Day for all
Students**

Grades PreK - 6

Date: Tuesday, March 6, 2018

Time: 6:45 a.m. to 5:30 p.m.

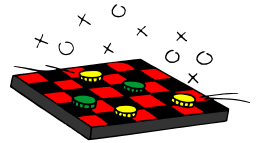
Location: Trahan School, 12 Salem Rd.

Please provide a snack and drinks for your child.

Pizza will be served for lunch.

Dress appropriately for possible outdoor activities.

Cost: \$45.00



Extended Day Accounts must be current in order to register for this program.

REGISTRATION FORM

(November Teacher Professional Development Day)

Please register on Community Pass under Professional Development Days.

<https://register.communitypass.net/TewksburyPublicSchools>

If you need your login and password email Maura at mrauseo@tewksbury.k12.ma.us. Do not create a new account. This form is only to be used if we have verified that you do not have access to a computer to register online. Thank you for your cooperation.

Student's Name _____ Date of Birth _____ Current Grade _____
Last First MI

Parent/Guardian (#1) _____ Parent/Guardian (#2) _____

Home Address _____ Home Phone (978) _____

Cell () _____ Email _____

Yes___ No___ Is your child enrolled in our Before School and/or After School Extended Day program?

Pay online (credit card or EFT) or by check made payable to Town of Tewksbury. Mail payment to Tewksbury Community Services, Extended Day Program, 139 Pleasant Street, Tewksbury, MA 01876. Registration is incomplete without payment. Allow 4 days for checks to arrive and be applied to your account.

TOTAL ENCLOSED: Tuition Amount \$ _____

Check # _____ Amount _____ Date _____

Call the Community Services Office at (978) 640-7831 with questions.

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF EXTENDED DAY CHILDREN:

In case of accident, illness or other emergency, the Extended Day staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Incomplete registration/accident illness form will not be accepted. Thank you for your cooperation.

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES _____ NO _____

IF YES, PLEASE LIST. _____

Parent/Guardian (#1) Place of Business _____ Business Phone () _____

Parent/Guardian (#2) Place of Business _____ Business Phone () _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification. **(At least one person should be LOCAL).**

Name _____ Address _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

Name _____ Address _____

Home Phone () _____ Business Phone () _____ Cell Phone () _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Name of Doctor: _____ Address _____ Phone _____

Name of Dentist: _____ Address _____ Phone _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____

If the answer is "yes", you must come to the site to administer these medications. _____

OPTIONAL: IS YOUR CHILD ON AN INDIVIDUAL EDUCATION PLAN (IEP?) YES _____ NO _____

Is there anything else you would like us to know about your child?

Signed _____

(PARENT OR GUARDIAN)

(DATE)

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.