

Please register on Community Pass under April Vacation Program. Do not mail in your registration. You must register online. The deadline to register for the program is April 12th at noon.

TEWKSBURY PUBLIC SCHOOLS ANNOUNCES
April School Vacation Program - Grades PreK-6
Dates: Tuesday, April 17 - Friday, April 20

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

Location: Trahan School

\$45.00 per day



Museum of Science

The week will feature games, activities, crafts, and an optional field trip.

Please dress appropriately for possible outdoor activities.

Wednesday, April 18, Optional Field Trip to Museum of Science (Additional Cost of \$35)

Please send a lunch for the field trip as they will eat at the Museum.

Your child MUST be dropped off before 8:45AM to attend the field trip.

Limit for Field Trip is 40.

Those who do not sign up ahead of time may not be able to go on the field trip.

(Optional Field trip payment must also be made at time of registration.)

Friday, April 20, Pizza Party, Lunch will be provided to ALL students. Please send a drink.

Checks should be made payable to the "Town of Tewksbury" (Cash cannot be accepted)

\$45.00
Tues., 4/17

\$45.00
Wed., 4/18

\$45.00
Thurs., 4/19

\$45.00
Fri., 4/20

\$40.00
FT to MOS, 4/18

Please check



REGISTRATION FORM
(APRIL SCHOOL VACATION PROGRAM)

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

The deadline to register is APRIL 12th at noon. After that date you MUST register at the site. Please try to register ahead of time so we can plan our staffing. Drop-ins are accepted but discouraged.

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 _____

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: 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 forms 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 () _____

Name _____ Address _____

Home Phone () _____ Business 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 Local Doctor: _____ Address _____ Phone _____

Name of Local 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. _____

Is there anything you would like us to know about your child to help make their time in our program a success?

Signed _____ (DATE)

(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.