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**EXTENDED DAY PROGRAM
TEWKSBURY PUBLIC SCHOOLS
2018-2019 School Year
MIDDLE SCHOOL REGISTRATION FORM GRADES 7-8**

IMPORTANT!!!!YOU MUST REGISTER ONLINE AND PAY AT REGISTRATION OR SEND PAYMENT SEPARATELY. ONLY USE THIS FORM IF YOU DO NOT HAVE ACCESS TO A COMPUTER. PLEASE CALL US FOR PERMISSION TO REGISTER BY PAPER. GO TO <https://register.communitypass.net/TewksburyPublicSchools> TO REGISTER.

IF YOU DO NOT KNOW YOUR LOGIN OR PASSWORD PLEASE CALL THE OFFICE, DO NOT CREATE A NEW ACCOUNT. REMINDER - ALL TPS FAMILIES HAVE AN ACCOUNT.

Tewksbury Public Schools will continue to offer the After School Programs for Tewksbury students in grades 7-8. These programs will be held at the **WYNN MIDDLE SCHOOL**.

Curriculum

The **After School Program** will enhance the academic, social/emotional and physical development of Tewksbury students in grades 7-8.

Staff

The **After School Program** will have a child to staff ratio of 1 teacher to every 15 students.



Tuition (For your convenience we have calculated a yearly cost based on the number of days attending and divided it into 10 equal monthly payments due on the first of the month.

Tuition for the entire year is broken down into **10 payments**. The initial payment must be submitted with your registration and after that it should be mailed or given to your child's **Before School** or **After School** Site Director on the **first Monday of the month** or you may pay online. There is a convenience fee of **2.9% for credit cards** and **\$.40 for EFT through your checking account routing number**. Tuition checks should be made payable to the "Town of Tewksbury". **Cash will not be accepted**. Unless otherwise noted, tuition will be due and payable in full when Tewksbury Public Schools are in session. **Tuition rates are subject to change.**

Transportation

Parents/guardians must provide transportation home from the **After School Program**.

Registration YOU MUST REGISTER ONLINE AT <https://register.communitypass.net/TewksburyPublicSchools>

Due to the staffing requirements, **registrations must be done by August 23, 2018**. Enrollment in the Extended Day Program may be restricted due to outstanding Tewksbury Public Schools financial obligations. After August 23rd, you will have to bring your form to the school on the first day of school and give it to the site director. Do not mail in or drop off your form as the school will not have your child on a list for the first day of school and this is a safety issue. Also, be sure to send in a note to your child's teacher telling him/her your child is going to Extended Day.

2018-2019 WYNN MIDDLE SCHOOL PROGRAM GRADES 7-8

THE AFTER SCHOOL PROGRAM

The **After School Program** will **operate until 6pm**. The daily schedule will balance structured time and free choice. Time for homework, computer application, and supervised outside play will be integral parts of the **After School Program**.

- **AFTER SCHOOL DISMISSAL:** Parents/guardians must sign-out their child(ren) each afternoon.
- **SNACK:** An afternoon snack will be provided by the Tewksbury Public Schools Food Services.
- **TUITION: (rates subject to change)**

School/Program	#Days	Cost of Program for the whole school year (not including vacations and holidays)	Divided into 10 equal Payments per year	Payment due at registration and on the first of each Month
Elementary, Ryan and Wynn PM				
	5	\$2528.17	10	\$252.81
	4	\$2226.45	10	\$222.64
	3	\$1820.70	10	\$182.07
	2	\$1279.69	10	\$127.96
	1	\$634.64	10	\$63.46
	Emergency 1 day drop offs			
		PM		\$30/day
		Half Days		\$35.00/day

**EXTENDED DAY PROGRAM
TEWKSBURY PUBLIC SCHOOLS**

**REGISTRATION FORM
2018-2019 School Year**

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Student's Name _____ School **WYNN MIDDLE SCHOOL**
DOB _____ Grade entering September, 2018 _____
Home Address _____ Home Phone _____
Parent/Guardian (#1): _____ Cell (#1): () _____
Parent/Guardian (#2): _____ Cell (#2): () _____
Parent E-Mail Address (#1) _____
Parent E-Mail Address (#2) _____
Parent/Guardian *Signature* _____ Date _____

STOP! You must register online at
<https://register.communitypass.net/TewksburyPublicSchools>

**AFTER SCHOOL PROGRAM
(operates until 6PM)**

___ Five Day Program ___ Four Day Program ___ Three Day Program ___ Two Day Program ___ One Day Program

Days Attending: M T W TH F (Must be the same days each week.)

START DATE: _____

Please check:

After School: deposit of:

\$252.81 for 5 days \$222.64 for 4 days \$182.07 for 3 days \$127.96 for 2 days \$63.46 for 1 day

Circle Day(s) Attending – must be same days each week (circle): M T W TH F

AFTER SCHOOL DEPOSIT (first month) \$ _____

TOTAL ENCLOSED \$ _____

For office use: Check/Money Order# _____ Amount \$ _____ Date _____

When registering online all this information will be recorded online and staff will have access to the page.

This form must be filled out for all children as the site does not have the paperwork from the previous school year and we need this information in case of emergencies. Please fill out ALL information. If registering online this information is entered there and you are all set.

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.

STUDENT NAME _____ SCHOOL _____ GRADE AS OF SEPT '18 _____

PARENT/GUARDIAN NAME _____ PHONE #1 _____ PHONE #2 _____

PARENT/GUARDIAN NAME _____ PHONE #1 _____ PHONE #2 _____

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

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 () _____ Cell Phone () _____

Name _____ Address _____

Home 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 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. _____

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

Photo Release - I hereby consent to my child being photographed by the program director/teacher for use in portfolios, in newsletters, to display in the school and possible presentations to the school committee, and for newspaper submissions.

YES _____ NO _____

I give permission to the school nurse and staff to share with appropriate school personnel, information relative to my child's health and safety.

YES _____ NO _____

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

Signed _____ (PARENT OR GUARDIAN) _____ (DATE)

IT IS THE PARENT'S RESPONSIBILITY TO INFORM THE STAFF OF ANY CHANGES TO THIS INFORMATION.

**TOWN OF TEWKSBURY
TEWKSBURY PUBLIC SCHOOLS
CONSENT AND RELEASE FORM
PARTICIPATION IN VOLUNTARY, CO-CURRICULAR AND ATHLETIC ACTIVITIES
2018-2019 SCHOOL YEAR**

*I/We, the undersigned _____
Name(s) of parent(s) or guardian(s)—insert legal relationship to student, e.g. "parent(s)", guardian(s)
of _____, my/our child a minor, do hereby consent to my/our
child's participation in voluntary athletic, recreation or extra-curricular programs ("Programs") of the Town or
Public Schools of Tewksbury.*

*I/We represent and warrant that I/we am/are the parent(s) or guardian(s) of said child with authority
to so consent and to sign this Consent and Release Form (the "Form").*

*I/We agree to forever release the Town or Public Schools of Tewksbury and all their employees,
agents, board members, volunteers, and any and all individuals or organizations (the "Releasees") assisting
or participating in said Programs of the Releasees from any and all claims, rights of action and causes of
action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal
injuries to my/our child or property damage resulting from my/our child's participation in said Programs.*

*I/We also agree to indemnify, defend, and hold harmless the Releasees against any and all legal claims
and proceedings of any description that may have been asserted in the past, or may be asserted in the
future, directly or indirectly, arising from personal injuries to my/our child or property damage resulting from
my/our child's participation in said Programs.*

*I/We understand that my/our child's participation in said Programs is voluntary and that my/our child
and I/we am/are free to choose not to participate in said Programs. By signing this Form, I/we affirm that
I/we have decided to allow my/our child to participate in said Programs with full knowledge that the
Releasees will not be liable to anyone for personal injuries and property damage my/our child or I/we may
suffer as a result of participating in said Programs.*

*I/We further affirm that I/we have read this Form with care and that I/we understand the contents of
this Form. I/We understand and acknowledge that this Form is a legal instrument, which may affect my/our
legal or my/our child's legal rights, and that I/we was/were afforded the opportunity to have this Form
reviewed by legal counsel of my/our choice before signing this Form.*

*I/We acknowledge that this Form is a legal instrument, which may affect legal rights, and that parents
or guardians are afforded the opportunity to have the Form reviewed by legal counsel prior to signing.*

*I/We sign this form voluntarily and freely without duress. I/We further acknowledge that the
Releasees have made no representation of fact or opinion to me/us, which in any manner has induced me/us
to agree to sign this Form.*

Witness To Signatures:

Signed:

Date _____

Parent(s) or Guardian(s) of:
