

**FOXBOROUGH PUBLIC SCHOOLS  
EXTENDED DAY PROGRAM  
REGISTRATION FORM  
2021 -2022**

<hr/> Name of Child	<hr/> Date of Birth	<hr/> Grade Level - Sept. 2021
<hr/> Street Address	<hr/> School Attending for 2021 - 2022	
<hr/> Father's Name	<hr/> Mother's Name	<hr/> Home Telephone # /E-mail address
<hr/> Mother's Place of Work	<hr/> Work Telephone #	<hr/> Cell Phone #
<hr/> Father's Place of Work	<hr/> Work Telephone #	<hr/> Cell Phone #

**EMERGENCY INFORMATION:**

Please provide the names and telephone numbers of relatives/friends who can be called if parents cannot be contacted. **Please update emergency contacts as needed.**

<hr/> Name of Emergency Contact	<hr/> Telephone #
<hr/> Name of Emergency Contact	<hr/> Telephone #
<hr/> Physician's Name	<hr/> Telephone #

**PERSONAL CHARACTERISTICS OF CHILD:**

<hr/> Sex	<hr/> Hair Color
<hr/> Eye Color	<hr/> Primary Language

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To ensure we provide the appropriate staffing and services for your child please complete item A-C below. Applications are accepted in the order they are received and this information is not used in determining enrollment acceptance.

- A. Does your child have any physical or emotional disability that requires special services or attention?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- B. Is your child currently on an IEP? YES \_\_\_\_\_ NO \_\_\_\_\_  
Does your child's IEP require a one-on-one during the school day? YES \_\_\_\_\_ NO \_\_\_\_\_
- C. Will you grant Site Supervisor permission to view your child's IEP YES \_\_\_\_\_ NO \_\_\_\_\_ Allowing access to your child's IEP will provide us with helpful information to meet your child's needs.

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Does your child have any allergies that we need to be made aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child use an Epi-Pen? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child currently receive any prescribed medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**PLEASE NOTE THAT THE PROGRAM STAFF CANNOT ADMINISTER ANY MEDICATIONS (including aspirin and Benadryl) TO CHILDREN.** If this restriction presents a problem, please contact Nancy Martin at 508-698-3858.

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**A.M. ELEMENTARY AND MIDDLE SCHOOL PROGRAM SCHEDULE:**

Our Extended Day Program begins at 7:00 a.m. at the elementary schools. The program is **not** open when school is closed and on days when school is canceled for emergencies and/or extreme weather conditions.

**P.M. ELEMENTARY SCHOOL PROGRAM SCHEDULE:**

Our Elementary Extended Day Program begins at 3:00 p.m. and ends **promptly** at 6:00 p.m. The program is **not** open when school is closed and on days when school is canceled for emergencies and/or extreme weather conditions.

**P.M. MIDDLE SCHOOL PROGRAM:**

The Ahern Middle School Extended Day program begins at 2:24, immediately following school dismissal and ends **promptly** at 6:00 p.m. The program is **not** open when school is closed and on days when school is canceled for emergencies and/or extreme weather conditions.

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**PAYMENT/FEE OBLIGATIONS:**

The fee for Extended Day before school services is \$87.00 bi-weekly for 5 days, \$82.00 bi-weekly for 4 days, \$69.00 bi-weekly for 3 days and \$51.00 bi-weekly for 2 days.

The fee for Elementary Extended Day after school services, including a snack, is \$120.00 bi-weekly for 5 days, \$115.00 bi-weekly for 4 days, \$102.00 bi-weekly for 3 days, \$77.50 bi-weekly for 2 days.

Due to earlier opening, the fee for Middle School Extended Day after school services is \$131.00 bi-weekly for 5 days, \$125.00 bi-weekly for 4 days, \$109.00 bi-weekly for 3 days, and \$83.00 bi-weekly for 2 days.

**A \$25 deposit is required for each child with application, refundable toward first tuition payment. Make checks payable to "Foxborough Public Schools."**

Please indicate service needed and full or part time status.

Before School Care    School \_\_\_\_\_

\_\_\_\_\_ #of days needed \_\_\_\_\_ If part time, please specify days \_\_\_\_\_

After School Care    School \_\_\_\_\_

\_\_\_\_\_ #of days needed \_\_\_\_\_ If part time, please specify days \_\_\_\_\_

**FOXBOROUGH PUBLIC SCHOOLS  
EXTENDED DAY PROGRAM  
2021 - 2022**

Child's Name: \_\_\_\_\_

**Please read carefully and sign:**

The information above is complete and accurate. I agree to notify the Program Manager if any of the information above changes.

I understand that my child's participation in this program is subject to all **applicable policies and procedures** of the Foxborough Public Schools in addition to the following:

- Bi-weekly payments are due the Friday before the two week tuition period. I understand I must pay a late fee of \$25.00 if my payment is not made by the due date.
- My child's enrollment will be terminated if I fail to pay my balance within two weeks of the due date.
- Children must be registered for the same days each week for the entire school year. Changes in this schedule require a two-week written notice. Please note: verbal requests will not be honored.
- I understand that I must register my child for a minimum of two days.
- I must pay for all registered days, whether or not my child actually attends on those days. (This includes snow days, holidays and days missed due to illness.) I will not receive credit for unattended days.
- I must pick up my child by 6:00 p.m. If I am late I will be charged a late pick up fee of \$20.00 (per child) for the first late pick up. Second late pick up fee will be \$25.00, third late pick up fee will be \$30.00, increasing \$5.00 for each additional late pick up. Late fees are to be paid on the following week's tuition.
- I will be charged a \$25.00 fee for all returned checks.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please return registration(s) to:**

Nancy Martin  
Manager of Extended Services  
Foxborough Public Schools  
508-698-3858

Mailing Address: Ahern Middle School  
Extended Day Office  
111 Mechanic Street  
Foxborough, MA 02035

**PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

*This is a legal document which, if signed, will have the effect of rendering you and your child unable to bring any type of action against the Town of Foxborough, the Foxborough School Committee, or any of its agents, because of any harm you or your minor child may suffer as a result of his/her participation in any voluntary program of the Foxborough Public Schools.*

I, \_\_\_\_\_, parent of \_\_\_\_\_, a minor, do hereby consent to his/her participation in the voluntary \_\_\_\_\_ program of the Foxborough Public Schools, and hereby forever RELEASE, discharge, and covenant to hold harmless the Town of Foxborough and its elected officials, committees (including but not limited to the Foxborough School Committee), officers, agents, employees, insurers, attorneys, servants, affiliates, and their successors and assigns, from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in any voluntary programs of the Foxborough Public Schools.

I acknowledge that I enter into this Agreement after having had ample opportunity to consult with counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and the conditions of the Agreement.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form may not be altered.**