

MAYNARD PUBLIC SCHOOLS

EXCEL/FASC Programs

Before and After School Programs

Grade in September 2018 _____

START DATE _____

STUDENT REGISTRATION AND EMERGENCY INFORMATION

Student Legal Name: _____
Last First Middle Date of Birth

Address _____

Primary Language Spoken in the Home: _____

Parent Name: _____ Home Phone: _____

Address: _____ Cell Phone/Pager: _____

Occupation: _____ Work Phone: _____

Work Place: _____ E-Mail: _____

Work Address: _____ (please print clearly)

Parent Name: _____ Home Phone: _____

Address: _____ Cell Phone/Pager: _____

Occupation: _____ Work Phone: _____

Work Place: _____ E-Mail: _____

Work Address: _____ (please print clearly)

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: _____

Dentist Name: _____ **Phone:** _____

Address: _____

Medical/Allergy Information

Asthma: _____ Inhaler: Yes _____ No: _____

Bee Sting Allergy: Yes: _____ No: _____ Epi Pen: Yes: _____ No: _____

Food Allergy: Yes: _____ No: _____ If yes, please list _____

Other Allergy: Yes: _____ No: _____ If yes, please list _____

Other (Specify) _____

SPECIAL NEEDS (explain)

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name (please print): _____

Please read and sign reverse side.

Student Legal Name: _____

SCHEDULE

Please choose days that your child will attend EXCEL/FASC.

Before School – 7:00 AM to school start
at Green Meadow School
(Fowler students escorted at 7:20 AM)

Mon _____
Tue _____
Wed _____
Thur _____
Fri _____

After School – Dismissal to 6:00 PM

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/FASC Contract

- I understand that EXCEL/FASC 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.
- I agree to notify EXCEL/FASC at (978) 897-8021 or e-mail excel-fasc@maynard.k12.ma.us if my child will not attend the program due to illness, etc. I will also notify EXCEL/FASC, if there is a change in my child's pick up procedure.
- 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. A written notice must be submitted three weeks prior to vacations or extended absences.
- 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 payments 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 EXCEL/FASC, Green Meadow School, 5 Tiger Drive, Maynard, MA 01754.
- I understand that the Maynard EXCEL/FASC fees are amortized over the school year months regardless of holidays, snow days, vacations, sick days, or other absences. February and April vacation weeks require an additional charge beyond the monthly payment. Early release days are an additional charge beyond field trips or special events. If your child is enrolled on a day that is designated early release, there is an additional charge for that day.
- The Maynard EXCEL/FASC Programs reserves the right to limit or terminate a child's participation in the program, if by the judgment of the EXCEL/FASC 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/FASC rules and regulations.

Parent Signature _____ Date _____