

A to Z University Registration Form

Please print clearly

Please select the University your child will attend:

Beebe Forestdale Salemwood

Please select the days your child will attend:

Monday Tuesday Wednesday Thursday Friday

Dismissal Time: 4:15 pm 5:30 pm*

* Dismissal at Salemwood is 6:00 pm

Only 1 schedule change per session allowed

Early Release—I would like to register my child for Early Release. I understand there is an extra \$10 charge per child per day for the service. Yes No

Child's Name: _____

Address: _____

Home Phone: _____

Grade 2017: _____ Teacher: _____

Date of Birth: ___ / ___ / _____ Male Female

Please list any special limitations or health information we should know about your child, special medical needs, dietary restrictions and allergies: _____

Parents/Guardians:

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Name: _____

Address: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Additional Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation:

In order to keep our children safe, we must know how they will leave the program. If a child has permission to walk home, your signature is required. Children will be released **only** to parent and/or contacts listed here.

My child will be picked up

My child will walk home _____

Parent/Guardian Signature Date

Financial Aid:

Financial aid is awarded on a first-come, first-serve basis. If you wish to apply for financial aid, you must bring a **COPY** of your 2016 1040.

I will apply for financial aid.

Payment:

A one-time registration fee of \$10 per child is required for A to Z University. It must be included with this form and is non-refundable. In addition, a 33% deposit is required before your child can start the program. Payments must be made by check or money order. Check or money order should be made out to the City of Malden. We do not accept cash.

Families will be billed in 33% increments for subsequent payments. Failure to make payments may result in dismissal from the University. All payments must be made before a new session can be started.

I agree to the PCSM payment policy outlined above, and understand that I am responsible for payment for the days and times I have select here. I understand that once I have registered there are no refunds.

Parent/Guardian Signature

Date

Medical Treatment:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize PCSM to transport my child to the nearest medical facility and to secure the necessary medical treatment for my child. I authorize trained employees to administer first aid and/or CPR if necessary. Yes No

Parent/Guardian Signature

Date

Photographs:

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child's participation. I am willing I am not willing

Parent/Guardian Signature

Date

Information Release:

In order to assist my child's success in school, I have enrolled him/her in the PCSM program. I realize that increased personal academic growth for my child results from a partnership among home, school, and PCSM or its partner agencies. To support that partnership, I give permission for PCSM to discuss information regarding my child's school performance with my child's teachers. I also give permission for staff to view my child's test scores. All information will remain confidential.

Parent/Guardian Signature

Date

PLEASE NOTE

Program closed November 22, December 22, and March 30 due to 11:00 am dismissal time.