

Jump Start Registration Form

Please select the program your child will attend:

Beebe Forestdale Salemwood

Please select the days your child will attend:

Monday Tuesday Wednesday Thursday Friday

Child's Name: _____

Address: _____

Home Phone: _____ Grade 2017: _____

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: _____

Financial Aid

Financial aid is awarded on a first-come, first-serve basis. You will not be considered without your 2016 taxes.

I will apply for financial aid. Enclosed is the **COPY** of my 2016 1040.

Payment

A one-time registration fee of \$10 per child is required for Jump Start. It must be included with this form and is non-refundable. In addition, a 25% deposit is required before your child can start the program.

We accept only money order or checks. Your check should be made out to the City of Malden.

Families will be billed in three increments for the remainder of the year. Dates for 2016/17 include August 31, November 8, February 8, and April 8. Failure to make payments will result in dismissal from the program.

A cancellation fee will apply if you register for the program but your child does not attend. If the cancellation is made one week prior to the program start the cancellation fee is \$25; for cancellations made between six days prior and the day before the program starts the fee is \$50. If you cancel the day the program starts or after the program starts, you are responsible for the costs associated with the session.

I agree that I am responsible for payment for the days I have selected here. Once a session starts, there are no refunds.

Parent/Guardian Signature

Date

Consents

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 or its contracted agency to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment. I authorize trained employees of PCSM or its contracted agency 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. Yes No

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 qualified staff to view my child's test scores. All information will remain confidential.

Parent/Guardian Signature

Date

For any questions, please call at 781/388-0845, x1125 or see our web site www.maldenps.org/communityschools

DO NOT RETURN THIS FORM TO YOUR SCHOOL. IT CANNOT BE PROCESSED.