



ASRSD Extended Day  
Enrichment Program  
115 Washington St.  
Ayer, MA 01432  
978-772-8600 ext. 1404

Received \_\_\_\_\_

## 2025/2026 Registration Form

## Extended Day Enrichment Program

## Kindergarten-Grade 5

Child's Name (last,first) \_\_\_\_\_ DOB \_\_\_\_\_ Grade(2025/2026) \_\_\_\_\_ Gender \_\_\_\_\_  
 Child's Name (last,first) \_\_\_\_\_ DOB \_\_\_\_\_ Grade(2025/2026) \_\_\_\_\_ Gender \_\_\_\_\_  
 Child's Name (last,first) \_\_\_\_\_ DOB \_\_\_\_\_ Grade(2025/2026) \_\_\_\_\_ Gender \_\_\_\_\_

School Attends: ☐ Lura A. White ☐ Page Hilltop

Home Address \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone# \_\_\_\_\_ Business Phone# \_\_\_\_\_

Cell phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency Contact Person(s)/phone# \_\_\_\_\_

### SCHEDULE

Please-1) check the number of days per week, 2) circle the days of the week for which you are enrolling, and 3) indicate

	AM ONLY 7:00am-8:30 am	PM ONLY 3:15pm-5:30 pm	AM/PM 7:00am-5:30pm
<input type="checkbox"/> Five Days per week	\$214/mo	\$433/mo	\$649/mo
<input type="checkbox"/> Four Days per week (please circle days) M, T, W, TH, F	\$173/mo	\$364/mo	\$519/mo
<input type="checkbox"/> Three Days per week (please circle days) M, T, W, TH, F	\$130/mo	\$259/mo	\$389/mo
<input type="checkbox"/> Two Days per week (please circle days) M, T, W, TH, F	\$86/mo	\$173/mo	\$259/mo
<input type="checkbox"/> <b>½ day (12:15-5:30)</b> (please circle dates) W-10/1,12/3,12/23, 2/25,3/11,4/29; F-5/15, M-6/15  <input type="checkbox"/> <b>2hr Early Release (1:15-5:30)</b> (please circle dates) 12/11, 12/12; 3/26, 3/27		<b>½ day</b> \$80/child/date \$600/child/all dates/year  <b>2hr Early Release</b> \$70/child/date \$225/child/all dates/year  <b>All ½ and Early Release days:</b> \$800/child	

**AM ONLY/PM ONLY/AM/PM** an additional fee of **\$50/month** will be charged monthly if one of your child's days is an **½ day (12:15-5:30)** and or **2hr Early Release (1:15-5:30)**. Not applicable to children enrolled five days per week.

**If my child is accepted, I understand and agree to the following:**

- ❖ Rates are subject to change with 30 days notice.
- ❖ We base our tuition on the 10 month school schedule. Monthly Tuition Rates for the 2025-2026 school year are on the chart above.
- ❖ Transportation to the program in the morning and pick-up at the end of the close of the program is the sole responsibility of the parent/guardian.
- ❖ I authorize the exchange of personally identifiable information about my child between staff members of the Ayer Shirley Regional School District (ASRSD), the ASRSD Special Education Department, and the Ayer Shirley Extended Day Enrichment Program. This information may be shared both orally and in writing to support staff in fulfilling their professional responsibilities related to my child's education and well-being. This authorization will remain in effect until June 30, 2026.
- ❖ It is presumed that your child is enrolled for the full academic year. Written notice for all schedule changes need to be made before the 10th of each month and will be the following month. We require one month's notice in writing for withdrawal to be effective the following month.

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (Printed): \_\_\_\_\_

## CHILD/CHILDREN INFORMATION

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Nickname)

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Nickname)

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Nickname)

## PICK-UP AUTHORIZATION

I authorize the following individual(s) to pick up my child(ren) at the Summer Day Program:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If there are any changes in these arrangements, I will let staff know in advance with written notice. Anyone picking up a child, including parents/guardians, will be required to show photo identification.

If there are any special instructions or any persons who are never to be authorized to pick up your child(ren), please list/describe below:

## PHOTOGRAPHIC PERMISSION

☐ I do ☐ I do not consent and authorize the Ayer Shirley Extended Day Program to use and reproduce photographs taken of my child(ren) for advertising or publicity purposes.

## PERMISSION TO ATTEND AN IN SCHOOL SPONSORED PROGRAM (K-GRADE 5)

☐ I do ☐ I do not give permission for my child \_\_\_\_\_ to participate in an enrichment/club  
\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ to \_\_\_\_\_.

## HOMEWORK PROCEDURE

The Extended Day Enrichment Program will offer the opportunity for students to do their homework assignments. All students will be asked daily if they have homework, but we will not check backpacks or folders. Our staff will certainly encourage children to do their homework, but we will not be responsible for a child's homework. ***If you would like your child to do their assignments before they do any activity please discuss your wishes with your child.***

☐ YES, I have discussed this with my child and I would like my child to do his/her homework at Extended Day

☐ NO, my child does not have to do homework at Extended Day

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (Printed): \_\_\_\_\_

## **MEDICAL/ALLERGY INFORMATION**

*Please fill out a form for each child attending our program.*

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Nickname)

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Nickname)

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **ALLERGIES**

Does your child have allergies? ☐ Yes ☐ No

What are they allergic to? ☐ Milk/Dairy ☐ Tree Nuts ☐ Peanuts ☐ Bee Stings  
☐ Chocolate ☐ Animals ☐ Mold/Mildew ☐ Insect Bites  
☐ Other (please specify): \_\_\_\_\_

Please indicate severity of reaction to any above: \_\_\_\_\_

My child uses the following for their allergies: ☐ Yes ☐ No for: ☐ EpiPen ☐ Inhaler ☐ Other: \_\_\_\_\_  
*If yes, email [mhiggins@asrsd.org](mailto:mhiggins@asrsd.org) for permission forms.*

### **OTHER MEDICAL CONDITIONS**

My child has a history of: ☐ Asthma ☐ Seizures ☐ Headaches ☐ Earaches  
☐ Nosebleeds ☐ Other: \_\_\_\_\_

### **MEDICATIONS**

My child regularly takes medication: ☐ Yes ☐ No *If yes, email [mhiggins@asrsd.org](mailto:mhiggins@asrsd.org) for permission forms.*

### **OTHER**

My child has a: ☐ Hearing Impairment ☐ Vision Impairment ☐ Other: \_\_\_\_\_

Is there anything that you think would help us better understand and assist your child in having an enjoyable experience at the Extended Day Program?

## **FIRST AID AND EMERGENCY MEDICAL CARE**

The staff of the Extended Day Enrichment Program may administer first aid to your child(ren) if necessary. There is no nurse on duty during the program 3:30-5:30pm. In the event of a medical emergency, your child(ren) may be transported to the nearest medical facility for treatment. The staff will inform you, as soon as possible, regarding your child(ren)'s need for emergency medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (Printed): \_\_\_\_\_

Permission for Food-related Activities & Special Occasion Food Consumption

I \_\_\_\_\_ **give/decline** permission for my child \_\_\_\_\_  
(Parent/Guardian/Caregiver) (circle one) (Child's Name)

to participate in food related activities and special occasions where food is consumed during ASRSD  
Extended Day Enrichment Program.

Please provide the following information:  
(choose one)

☐ My child **DOES NOT** have any food allergies or dietary restrictions and is permitted to participate in  
activities and special occasions involving food.

☐ My child **DOES NOT** have a food allergy or dietary restriction and **may not** participate in activities and  
may not consume food during special occasions.

☐ My child **DOES HAVE** a food allergy or dietary restriction and may participate in activities and special  
occasions involving food **but may not eat or handle the following items:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ My child **DOES** have a food allergy or dietary restriction and **may not** participate in activities and **may  
not** consume food during special occasions.

\_\_\_\_\_  
I understand that it is my responsibility to update this form in the event that my decision or permission  
changes. I agree this form will remain in effect during my child's enrollment in EDEP during the school year.

## **ASRSD EXTENDED DAY ENRICHMENT PROGRAM PARENT QUESTIONNAIRE**

**Child's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

To ensure our staff is well-prepared to accommodate all children's unique needs, we kindly ask you to complete a brief questionnaire about your child. Providing insight into their social and emotional development helps us better understand and support them.

Please be as detailed and truthful as possible—your input allows us to create the best possible experience for your child in the ASRSD Extended Day Enrichment Program (EDEP). Thank you for your cooperation and partnership!

Do you have any concerns for your child's Social/Emotional development?

\_\_\_\_\_

Does your child have an IEP, 504 or any other accommodations during the school day. \_\_\_yes\_\_\_no.

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

Please check all that apply to your child:    \_\_\_ Shy                    \_\_\_ Outgoing                    \_\_\_ Friendly  
\_\_\_ Independent    \_\_\_ Overactive                    \_\_\_ Strong Willed                    \_\_\_ Quiet                    \_\_\_ Cooperative  
\_\_\_ Demanding    \_\_\_ Easy Going                    \_\_\_ Easily Upset                    \_\_\_ Difficult                    \_\_\_ Competitive

Is your child:    \_\_\_ An only child                    \_\_\_ Siblings: How many? \_\_\_\_\_

Does your child play successfully with other children? \_\_\_\_\_

Does your child relate successfully with adults? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What are some of your child's preferred activities? (How do they spend their downtime)

\_\_\_\_\_

Does your child have activities they DO NOT prefer? \_\_\_\_\_

Does your child participate in outside community activities i.e. cheerleading, CCD, sports?

\_\_\_\_\_

How does your child handle challenges? Frustration\*Asks for help\*Gets upset (tearful or angry) \* Keeps trying?

\_\_\_\_\_

Is there anything you would like his or her EDEP teachers to know about your child?

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Parent/Guardian Name (Printed):** \_\_\_\_\_