Ayer Shirley Regional School District
EDEP
Extended Day Enrichment Program

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

Received_____

2026/2027 Registration Form **Extended Day Enrichment Program** **Kindergarten-Grade 5**

Child's Name (last,first)_____DOB_____Grade(2026/2027)____Gender_____
Child's Name (last,first)_____DOB_____Grade(2026/2027)____Gender_____
Child's Name (last,first)_____DOB_____Grade(2026/2027)____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
☐ Five Days per week	$223/mo	$450/mo	$675/mo
☐ Four Days per week (please circle days) M, T, W, TH, F	$180/mo	$379/mo	$559/mo
☐ Three Days per week (please circle days) M, T, W, TH, F	$135/mo	$270/mo	$405/mo
☐ Two Days per week (please circle days) M, T, W, TH, F	$89/mo	$180/mo	$270/mo
☐ **½ day (12:15-5:30)** (please circle dates) W-10/7,12/2,12/23, 2/24, 3/10, 4/28; F-5/21, 6/11 ☐ **2hr Early Release (1:15-5:30)** (please circle dates) 12/10, 12/11		**½ day** $83/child/date $625/child/all dates/year **2hr Early Release** $73/child/date $135/child/all dates/year **All** ½ and Early Release days: $725/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 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 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.

Parent/Guardian Signature:_____ **Date**:_____
Parent/Guardian Name (Printed):_____

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):_____