

# After School Program Registration

105 CMR 430.190 SEC C

The Oxford Public School District does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, gender identity, disability or homelessness.

For: Kindergarten through Grade 6 Students enrolled in the Oxford Public Schools

Place: Three Centers: A.M. Chaffee School  
Clara Barton School  
Middle School

Time: End of school until 5:30PM

Cost: \$8.00 per day/per child both all locations

Make checks payable to: *Town of Oxford School Department*

Mail Payments to: *Oxford School Department  
4 Maple Road, 2<sup>nd</sup> Floor  
Oxford, MA 01540  
Attn: EDUCARE*

Payments are due by Friday no later than 4:00 pm prior to attendance

\*\*\* All payments must remain current \*\*\*

\*\*\* Upon registration payment of one full week in advance is due \*\*\*

Late Payment Notice: If a second reminder of past due payment is sent a late fee of \$5.00 per child will be added, a third notice will result in \$10.00 per child

Please detach and return this portion to the address listed above with one full week payment

## After School Program

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ ( ) Phone # \_\_\_\_\_ Date \_\_\_\_\_

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

Child will Attend:  M  T  W  T  F (Each week)

As needed only (Note to school from parent!)

**OXFORD PUBLIC SCHOOLS**  
**AFTER SCHOOL DAYCARE**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone# \_\_\_\_\_

Street Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Telephone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Telephone# \_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_ Ins. # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone# \_\_\_\_\_

Responsible Person(s) to call when parent cannot be reached:

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Please indicate if your child has had any physical conditions or injuries that we should be aware of: \_\_\_\_\_

In case of emergency, which hospital would you prefer your child to be transported to: \_\_\_\_\_

I authorize my child to be released to the following person (s). **APPROPRIATE IDENTIFICATION WILL BE REQUIRED.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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