

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, 2nd 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

CLARA BARTON / CHAFFEE / MIDDLE SCHOOL

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: _____ Insurance #: _____

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: _____

Name: _____ Name: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____