

MILFORD COMMUNITY SCHOOL USE PROGRAM

Phone (508) 478-1119 • Fax (508) 634-2341

PM EXTENDED DAY PROGRAM FOR GRADES 6, 7 & 8

STUDENT NAME:	DATE OF BIRTH:
GRADE:	AGE:
SCHOOL:	MALE FEMALE
HOME ADDRESS:	

PARENT/GUARDIAN NAME:
ADDRESS:
CELL PHONE/WORK PHONE:

PARENT/GUARDIAN NAME:
ADDRESS:
CELL PHONE/WORK PHONE:

EMAIL ADDRESS _____ @ _____

EMAIL ADDRESS _____ @ _____

OTHER EMERGENCY CONTACT (to be contacted if parent/guardian cannot be reached):

NAME:	PHONE:
-------	--------

ABOUT MY CHILD: It is important to provide information about your child which might be helpful to the Extended Day Staff. Such information includes, but is not limited to, medication(s) taken, medical issues, allergy information, physical and/or emotional handicaps, and fears.

Grades 6, 7 & 8: Monthly Tuition Fee Schedule

# of Days/Week*	1 st Child	2+ Children
5 Days	\$ 325.00	\$ 250.00
4 Days: M Tu W Th F	\$ 285.00	\$ 220.00
3 Days: M Tu W Th F	\$ 225.00	\$ 180.00
2 Days: M Tu W Th F	\$ 165.00	\$ 130.00

***Please circle the number of days per week and the days of the week your child will be attending.**

A \$20 nonrefundable Registration Fee is also required for per family for new participants.

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

- Tuition payments are due by the last day of each month for the following month.
- One month's notice in writing is required if withdrawal from the program is necessary.
- I have read and accept all conditions detailed in the Extended Day brochure for my child to be eligible to participate in the Extended Day Program.

Signature _____ Date _____