

Kennedy Community School –Spring Registration Form 2012
158 Spring Street – Cambridge, MA 02141 Office 617-349-6308 Cell # 617-513-3476

Student Information: (Please use a separate form for each child)

Child's Name		Male	Female
Address:			
City		Zip Code	
Home Phone #		Birthdate:	Age:
Parent email Address:		Room #	Grade:
Name of School Attending			
Does your child have any allergies? If so, (Please list)			

Ethnicity (Please identify my child as)

Afro-American	Caucasian	Hispanic
Asian	Haitian	Other

Parent or Guardian Information

Parent/Guardian Name:	
Home #	Work or Cell #
Parent/Guardian Name:	
Home #	Work or Cell #

Emergency Contact

Name:	Relationship:
Home Phone:	Work Phone:

The following forms are needed before your child begins after school:

Registration Form	This form must be completed in full – no blank lines
Classes sign up list on back page	Must be completed every session
Emergency Card	Completed once a year
DHSP Enrollment Form (including IEP Release Form)	Completed once a year
Full Payment or Written Payment Plan	All payments or plans are due at sign up

Is your child enrolled in the Department of Human Services Programs (DHSP) Child Care yes ____ no ____

Release and Signature

I give permission for my child to participate in the Kennedy Community School program and all programs activities including outings. If my child should require medical attention, I give permission for such treatment, including transportation to the nearest hospital in an emergency.

Parent/Guardian Signature: X
Date:

Child's Name :

Grade: _____

Room: _____

Monday

Homework Help (Monday – Thursday)	2:30-3:30	\$50	Cost:
Class Name	2:30-3:30		Cost:
Class Name	3:30-4:30		Cost:
Finish Up Monday \$30	4:30-5:30		Cost:
Total Cost for Monday Classes			Total:

Tuesday

Homework Help	2:30-3:30	\$50	Cost:
Class Name	2:30-3:30		Cost:
Class Name	3:30-4:30		Cost:
End of Day Fitness \$30	4:30-5:30		Cost:
Total Cost for Tuesday Classes			Total:

Wednesday

Homework Help	2:30-3:30	\$50	Cost:
Class Name	2:30-3:30		Cost:
Class Name	3:30-4:30		Cost:
Wrap Up Club – Wednesday \$30	4:30-5:30		
Total Cost for Wednesday Classes			Total:

Thursday

Homework Help	2:30-3:30	\$50	Cost:
Class Name	2:30-3:30		Cost:
Class Name	3:30-4:30		Cost:
Ping Pong Tournament \$30	4:30-5:30		Cost:
Total Cost for Thursday Classes			Total:

Friday

Class Name	2:30-3:30		Cost:
Class Name	3:30-4:30		Cost:
Celebrating Friday \$30	4:30-5:30		Cost:
Total Cost for Friday Classes			Total:

Registration Fee Cost: **\$20**

Total Cost for the Week (add all totals per day Mon-Fri) Total:

For Office Use Only (Do Not Write In This Area)

Amount Paid:	Check #	Date:	Balance Due:
Amount Paid:	Check #	Date:	Balance Due:
Amount Paid:	Check #	Date:	Balance Due:

Payment Schedule Plan:

