



Northborough Extended Day Programs, Inc.

ATTENTION PARENTS/GUARDIANS

Instructions below are for completing the NEDP 2024-2025 registration form in the **fillable pdf format**

- ❖ Fill in **All** the information including applicable check boxes on each page. Please do not leave any areas blank, put N/A if necessary.
- ❖ Submit completed registration form and non-refundable registration fee (if new family)

to: **Kelly McDonough** email: kmcdonough@town.northborough.ma.us
OR bring to NEDP program sites **OR** drop in white drop box in front of the Northborough Town Office building in a sealed envelope marked NEDP **OR** mail to:

**NEDP Administrative Office
63 Main St.
Northborough, MA 01532**

Your account must be up to date prior to submitting your application. Current and new families are required to fill out an enrollment form per child each year and submit it on a first come, first served basis. Only **new family enrollment forms** must include the \$40 non-refundable registration fee per child with enrollment form.

The following guidelines pertain to the enrollment of your child/children in our Before and/or After School programs:

- ❖ Please complete and sign the attached NEDP Enrollment form.
- ❖ Enrollment for existing NEDP participants and siblings begins 8:00 AM, Monday April 1, 2024. **(All outstanding balances must be paid in full prior to submitting the application form).**
- ❖ Open enrollment for new families begins **8 AM Monday, May 1, 2024.**
- ❖ Enrollments are received and available spaces are filled on a first come, first served basis.
- ❖ **Make checks and online banking payable to: NEDP, Inc., 63 Main St., Northborough, MA 01532**
- ❖ Enrollment forms and the registration payment may be placed in the white drop box in front of the Northborough Town Offices building (make sure this is in a sealed envelope marked NEDP) or mailed to: **NEDP, Inc., 63 Main Street, Northborough, MA 01532**



Northborough Extended Day Programs, Inc.

Enrollment Form 2024~2025
Please print clearly and fill in all
information.

Date Received: _____ Time Received: _____
Reg. Fee: _____ Check #: _____
Acct. # _____ Start Date: _____
One Call: _____ IHCP: _____ M.E. _____

For Office Use Only

Child Information

Child's Name: _____ Date of Birth: _____
Age (as of Sept. 2024) _____ Grade (as of Sept. 2024) _____ School _____
Primary Language: _____ Gender: _____ Pronouns: _____ Identifying marks: _____

Please check the box below of the Parent/Guardian to be called first:

Parent/Guardian Information

☐

Parent/Guardian Information

☐

Name: _____ Name: _____
Relationship to child: _____ Relationship to child: _____
Primary language: _____ Primary language: _____
Address: _____ Address: _____
City/St/Zip: _____ City/St/Zip: _____
Cell phone #: _____ Cell phone #: _____
Work phone #: _____ Work phone #: _____
Employer: _____ Employer: _____
Employer address: _____ Employer address: _____
City/St/Zip: _____ City/St/Zip: _____
Occupation: _____ Occupation: _____
Hours at work: _____ Hours at work: _____
Email: _____ Email: _____

All parent/guardian's cell phone #'s and email addresses will be added to **NEDP One Call Now** system to inform parents of emergency closings and/or other important program information.

Both email addresses will be used for sending monthly invoices and program information unless otherwise indicated. We will not share your address with any other party.

Are both parents allowed to pick-up at any time? ☐ Yes ☐ No
(If not, the custodial parent must provide a court order defining the arrangements.)

Are there any stepparents who are allowed to pick-up? ☐ Yes ☐ No _____
Name

Child's Name: _____ Date of Birth: _____

Please check the days your child will attend NEDP

Program	Monday	Tuesday	Wednesday	Thursday	Friday
Before School (7am-8:30am)					
After School (dismissal -6pm)					

NEDP Monthly Tuition Rates

**Before School	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
1 Child	\$50	\$94	\$133	\$168	\$192
*2 Children	\$95	\$179	\$253	\$319	\$365

*****Before School programs are presently available at Lincoln Street and Peaslee Schools. Proctor & Zeh students who need before school care will be assigned to a school for before school care (Lincoln or Peaslee). Busing will be provided from before school care to their school if they attend Proctor or Zeh.***

After School	1 day/week	2 days/week	3 days/week	4 days/week	5 days/week
1 Child	\$117	\$217	\$314	\$400	\$453
*2 Children	\$222	\$412	\$597	\$760	\$861

***Includes 10% discount on each additional sibling.**

NEDP PAYMENT OPTIONS

Personal Check: Make check payable to **NEDP, Inc.** You can put the check in the white drop box in front of the Town Hall in an envelope marked **NEDP, Inc.** You can drop the check off at our office on the second floor of the Town Hall, you can also send us a personal check in the mail: **NEDP, Inc. 63 Main Street, Northborough, MA 01532**, or you can drop your check off at the **NEDP program** site at the Parent Table

Online banking through your bank Set us up as a vendor:

Name: NEDP, Inc.

Address: 63 Main Street, Northborough, Ma 01532

Account Number: (you can find this on the attached invoice pdf on each monthly emailed bill)

Memo field: Child's last name

Cash: We accept cash at our office at the Town Hall on the second floor

Tuition payments are due on the **first of the month** beginning August 1, 2024, through May 1, 2025. The payment due on August 1st will be a deposit held as your June 2025 payment. There is a \$40 non-refundable registration fee per child for **NEW** NEDP families only.

Are you applying for Financial Aid? ☐ Yes ☐ No

Do you have a SEVENHILLS voucher? ☐ Yes ☐ No

2024- 2025 NEDP ~ TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Below is the NEDP policy for arrival to and departure from the program site. Any other transportation requests must be stated in writing and maintained in the child's file, or the below plan must be implemented.

Please check the program(s) your child attends and sign the form at the bottom.

- ☐ **Before School Program**
- Children arrive at NEDP by Parent/Guardian drop off. Children must be escorted into the program and signed in by the parent/guardian.
 - The NEDP staff will release the children to the school faculty at the start of school each day.
- ☐ **After School Program**
- NEDP children in grades 1 – 5 are dismissed by their classroom teachers and walk unsupervised to the cafeteria at each program site. Kindergarten children may be escorted to the cafeteria by (1) an NEDP educator, (2) school personnel or (3) unsupervised. An NEDP educator will greet them at the door and check them into the program.
 - Children are picked up from the program by a parent/guardian or other designated person by 6:00 p.m. and must be signed out by parent/guardian.

Important Reminders:

- Parents must inform their child's teacher which days their child will be attending NEDP. The school will not allow your child to come to NEDP without your consent.
- Any **absences** or **changes** to your child's schedule must be communicated **to both** your child's school **and** NEDP.

I authorize my child, _____, to arrive and depart from NEDP in the manner described above.

I understand that any changes or variations to this policy require written parental consent and Executive Director approval.

Parent/Guardian Signature

Date

As parent or guardian of the above-named participant, I hereby give consent and approval for his/her participation in the NEDP. I hereby waive, release, and forever discharge NEDP, its Executive Director, board members, officers, employees, and instructors from all claims and demands arising out of all personal injuries, damages, expenses and loss or damage whatsoever, resulting directly or indirectly therefrom.

Parent/Guardian Signature

Date

2024- 2025 NEDP ~ EMERGENCY CONTACTS & OTHER AUTHORIZATIONS

Child's Name: _____ Date of Birth: _____

Emergency Contact and Authorized Pick-up List (Other than parent/guardian)

Name: _____ Relationship to child: _____

Address: _____ City/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes ☐ No ☐

Do you give permission for your child to be released to this person? Yes ☐ No ☐

Name: _____ Relationship to child: _____

Address: _____ City/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes ☐ No ☐

Do you give permission for your child to be released to this person? Yes ☐ No ☐

Name: _____ Relationship to child: _____

Address: _____ City/Zip: _____

Day time phone #: _____ Alternate phone #: _____

Should this person be contacted in the event of an emergency? Yes ☐ No ☐

Do you give permission for your child to be released to this person? Yes ☐ No ☐

Communication with School

A child's classroom teacher and the school student support staff can be great sources of information about your child's needs and his/her ability to have a successful "whole school" experience. I give permission for any NEDP Educator/Assistant Director/Executive Director to discuss my child's progress with school personnel (principal, classroom teacher, nurse, and other school support services).

☐ yes ☐ no

Photograph Consent (please check appropriate box)

- ☐ My child has permission to be photographed at NEDP, by educators and members of the press, for the purpose of publicity, including publications and websites.
- ☐ My child has permission to be photographed by NEDP educators for internal program use only, and not by the press for publicity purposes.
- ☐ My child may not be photographed at any time.

Parent/Guardian Signature

Date

2024- 2025 NEDP ~ FIRST AID & MEDICAL CONSENT FORM

Child's Name: _____ Date of Birth: _____

Health History

*Child's allergies: _____ ☐ None

- Reaction: _____

Treatment: _____

*Chronic health conditions: _____ ☐ None

**If indicated, parents/guardians will be notified of the EEC required documents prior to enrollment.*

Special diet/food restrictions: _____ ☐ None

Special limitations or concerns: _____ ☐ None

*Behavioral/emotional concerns: _____ ☐ None

Regular medications: _____ ☐ None

Side effects: _____

Physician/Insurance Information

Child's physician name: _____

Address: _____

Phone number: _____

Health insurance coverage: _____

Policy #: _____

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

☐ yes ☐ no Name of School: _____

I authorize NEDP educators, who are trained in the basics of First Aid/CPR, to give my child First Aid/CPR when appropriate.

☐ yes ☐ no

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

☐ yes ☐ no

Parent/Guardian Signature

Date

2024- 2025 NEDP ~ AUTHORIZATIONS

Child's Name: _____ Date of Birth: _____

We require authorization for the following items. Please initial that you have read and understand these requirements.

1. _____ I understand that the payment is due in full by the 1st of each month for the current month's program. If your payment is received 10 or more days after the due date a \$15.00 late fee will be added to my next monthly bill.
2. _____ I understand that if I need to withdraw or reduce the number of days my child attends NEDP, a **"Schedule Change Request"** form must be received on or before the first day of the month to be effective on the first day of the following month. **Failure to provide the proper one month's notice will mean you are financially responsible for your original payment for that given month.**
3. _____ I understand that the program closes at 6:00pm and that a \$10.00 late fee per child will be charged for the first 5 minutes and \$1.00 per child per minute from 6:06pm on.
4. _____ Parents/Guardians who withdraw from the program after November 1, will forfeit the entire June deposit. Parents/Guardians who reduce days after November 1, will forfeit a portion of the June deposit.
5. _____ Parents/Guardians are required to call the program no later than 2:30pm of that day to report an absence. If an educator searches for your child, you will be charged **SEARCH FEE**: \$5.00 fee for the first search, \$10.00 fee for the second, \$15.00 for the third, \$20.00 for the fourth, and \$25.00 for the fifth no call.
5. _____ I have received a copy of the NEDP, Inc. Parent Handbook, and I have read and agree to abide by all policies stated therein.

The following are optional: Please initial only those you authorize:

6. _____ I will allow my child to be observed by student interns
7. _____ I will allow my child to go on a walk accompanied by NEDP staff in the immediate area of their site.
8. _____ I authorize my child to use hand sanitizer while at NEDP program.
9. _____ I authorize my child to use or be offered sunscreen while at NEDP program.

Parent/Guardian Signature

Date