

# Cambridge Connections Afterschool Enrichment

**Fall 2022 Registration: Deadline Wednesday, July 27, 2022**

**Important: Please Fill Form Out Completely or It Will Be Returned**

**No Screenshot Registrations Accepted**

**Separate Registrations Required For Each Student**

**All registrations are on First Come/First Served Basis**

**Students will not be turned away due to an inability to pay. We accept financial aid through the State and work with families on a case by case basis when needed.**

**Please Note: Cafeteria Extension 521-5630**

**Director Office: 521-5622**

**Front Desk 521-5601**

## **Student Information**

Student Name

Grade & Teacher / DOB

Parent Name(s)

Phone Numbers

Address

Email Addresses:

Session Rates:	First Child	Sibling	1	2	3
1 day/session	\$50.00				
2 days/session	\$100.00				
3 days/session	\$150.00				
4 days/session	\$200.00				
5 days/session	\$250.00				

**Circle Days attending: M T W TH F**

**Class Choice TBD by Grades**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

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**Arrival & Attendance 2:20-2:30**

**Recess 2:30-3:00 outdoors/gym**

**Snack 3:00-3:20 outdoors or cafeteria**

**Enrichment 3:30-4:30 cafeteria, Rm 207 or Rm 303**

**Homework/Reading 4:30-5:00 cafeteria. After Care/Free Time 5:00-6:00 cafeteria/outdoors**

**Student Name** \_\_\_\_\_

***Emergency Contacts (besides yourself): Please list 2 contacts:***

***Name, Address, Telephone Number and Email***

***This has to be filled out completely or registration will not be accepted.***

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**I give permission for my child to seek medical attention as necessary: Please sign below:**

**Signature:** \_\_\_\_\_

**Allergy Information:** \_\_\_\_\_

**Education/Behavior Plan: Please check all that apply:**

**IEP**

☐

**504**

☐

**Instructional Assistant**

☐

**Behavioral Interventionist**

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**Please provide any other information about your child that will aid in their learning experience below:**

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**Transportation** .

I will pick my child up in the cafeteria at 3:20-3:30, 4:30, 5:00, 5:30 or 6:00. (Circle a time.)

My child has my permission to walk to \_\_\_\_\_ at (time) \_\_\_\_\_

**Transportation and Pickup Notes**

Please provide additional information regarding your child's transportation plan or whom will be allowed to pick up if one of the above options does not apply. (*i.e. "My child will walk to soccer practice on Tuesdays at 5:00."*)

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