

Medway Public School District  
Extended Year Program 2011

**Registration Form**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ 2010/2011 Grade \_\_\_\_\_

Tuition Student

EYP Eligible Student

School currently attending: \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Business # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Business # \_\_\_\_\_

The Extended Year Program will be held Monday – Wednesday, 8:30 – 12:00 at:  
**Memorial School**  
**16 Cassidy Lane**  
**Medway, MA 02053**

Please check weeks that your child will be attending:

[ ] Session 1 July 5 - 6

[ ] Session 4 July 25 – 27

[ ] Session 2 July 11 - 13

[ ] Session 5 Aug 1 – Aug 3

[ ] Session 3 July 18 - 20

[ ] Session 6 Aug 8 – Aug 10

**PLEASE NOTE:** A completed **Registration Form** and a **Health, Medical, & Emergency Information Form** must be received at the address below no later than **May 23, 2011**. Students will **NOT** be allowed to attend the program without these forms on file. If your child requires administration of medication during the program hours (8:30 am – 12:00 pm), have his/her physician complete the **Medical Administration Form**. Please return all completed forms to:

Medway Special Education Office  
45 Holliston Street  
Medway, MA 02053  
Attn: Barbara McDaniel

For Tuition students:

**Tuition is payable on the Monday of each session your child attends.** Please note tuition is not refundable if your child is absent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and agree to the Medway Public School District Extended Year Program terms.