



**Spencer East Brookfield Regional School District  
Before and After School Program**

306 Main Street, Spencer, Massachusetts 01562

Telephone (774) 200-6548

Web: [www.sebrsd.org](http://www.sebrsd.org) \* Email: [basp@sebrsd.org](mailto:basp@sebrsd.org)

**REGISTRATION FORM**

School Year: \_\_\_\_\_ - \_\_\_\_\_

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School enrolled in: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ alt. email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of adult(s) student lives with: \_\_\_\_\_

**Names of additional family members and persons authorized to pick up your child:**

1. Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Person to contact in case of emergency:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Alternate emergency contact person:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**PLEASE LIST ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS.**

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**I have read the B/ASP Handbook (located at [www.sebrsd.org](http://www.sebrsd.org)) and agree to the terms, conditions and policies of the program.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A one week deposit must accompany this form to secure enrollment. Monthly prepayment is required for all days.**

**Please select the days you wish to enroll your child for each of the programs:**

**BEFORE SCHOOL PROGRAM (BSP)** (\$7/day) - START DATE: \_\_\_\_\_

MONDAY                  TUESDAY                  WEDNESDAY                  THURSDAY                  FRIDAY

**AFTER SCHOOL PROGRAM (ASP)** (\$10/day) - START DATE: \_\_\_\_\_

MONDAY                  TUESDAY                  WEDNESDAY                  THURSDAY                  FRIDAY

**ADMIN ONLY** Date Received: \_\_\_\_\_ Program Director \_\_\_\_\_ Billing Office \_\_\_\_\_

REV. 08/15

*The Spencer-East Brookfield Regional School District's Policy of non-discrimination will extend to students, staff, the general public and individuals with whom it does business; and will apply to race, color, national background, religion, sex, disability, economic status, political party, age, handicap, sexual orientation, homelessness, gender identity and other human differences.*