



ELEMENTARY PROGRAMS

KASE - Kindergarten Enrichment 2018 APPLICATION Please Return Before April 13, 2018

FIRST NAME _____ LAST NAME _____

NICKNAME _____ HOME SCHOOL _____

STREET _____ ZIP CODE _____

HOME PHONE _____ E-MAIL _____

PARENT NAME _____ WORK# _____ CELL# _____

PARENT NAME _____ WORK# _____ CELL# _____

1 st CHOICE (check # of days & circle days)	2 nd CHOICE (check # of days & circle days)
_____ 5 days (deposit \$250)	_____ 5 days (deposit \$250)
_____ 4 days (deposit \$200) M T W T F	_____ 4 days (deposit \$200) M T W T F
_____ 3 days (deposit \$150) M T W T F	_____ 3 days (deposit \$150) M T W T F
_____ 2 days (deposit \$100) M T W T F	_____ 2 days (deposit \$100) M T W T F

ALL DEPOSITS ARE NON-REFUNDABLE

KASE is open to all students. Are there special considerations we should know about so that your child will have a positive experience in the program?

My child has life-threatening allergies and will require an Epi-Pen: **YES / NO**
If YES, please initial here to indicate your understanding that you must deliver a copy of your child's Allergy Action Plan to the KASE Nurse on or before the first day of the program along with a labeled Epi-Pen. _____

My child requires an inhaler. **YES / NO**
If YES, please initial here to indicate your understanding that you must deliver copies of the necessary health forms and inhaler /spacer to the KASE Nurse . _____

List your child's allergies here:

Emotional Issues:

Behavioral Issues

Other medical issues

I/We, the parents/guardians of _____ a minor, hereby consent to his/her participation in the Needham Community Education's KASE Program, the taking of photos of my/our child and/or promotion of the program, and to his/her use of the Needham Public Schools facilities and equipment. I/We further agree to release and hold harmless the Town of Needham, Needham Public Schools and their employees, agents and assigns from any and all liability or expenses arising out of any incident involving, or any account of any injury to the above named minor in connection with such program. I/We further consent to emergency treatment by a physician in the event of injury or emergency treatment. I/We agree to abide by NCE policies. I/we understand that we agree to pay tuition in full on a quarterly basis.

Parent/Guardian Signature (required) _____ **Date** _____

WAYS TO REGISTER

(MAIL or WALK IN)

PAY BY CHECK: payable to Needham Community Education

IF MAILING: NCE - KASE

1330 HIGHLAND AVE.

NEEDHAM, MA 02492

OFFICE USE ONLY

Tally

Check

Batch