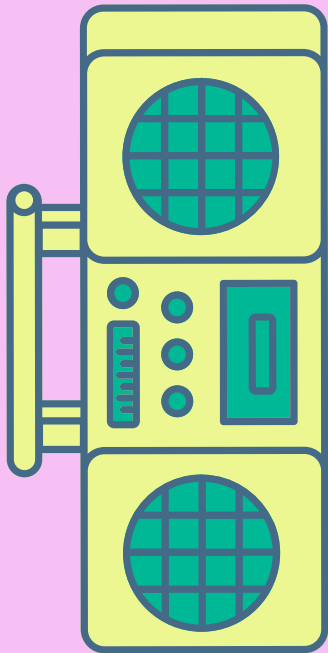


**TUESDAY**  
**EDUCATE**



**THURSDAY**  
**ZUMBA**



**WEDNESDAY**  
**EXPAND**



**FRIDAY**  
**MUSIC**  
**THERAPY**



**TUESDAY - FRIDAY**

2:45 pm -- 5:30 pm

59 E. Militia Heights Dr.

Needham, MA, 02492

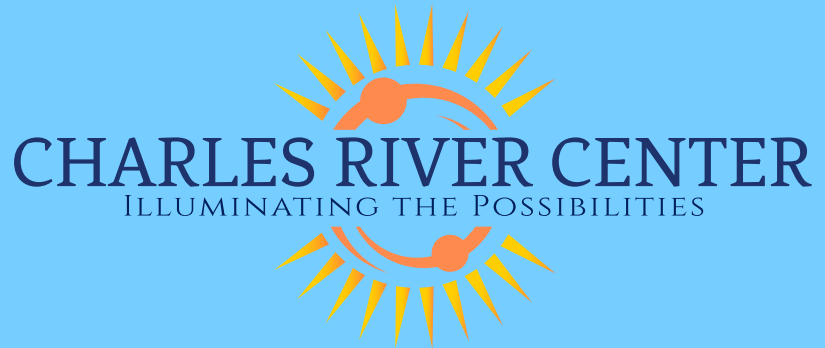
[souellette@charlesrivercenter.org](mailto:souellette@charlesrivercenter.org)

Transportation not provided.

**A**fter  
**S**chool  
**P**rogram for  
**I**ndependence,  
**R**ecreation, and  
**E**ducation

**ASPIRE**  
**AFTER SCHOOL**  
**PROGRAM**

*ages 12 - 21*



**An intake interview is required for new kids.**

If you are a returner to our programs,  
please fill out the registration form.

**FOR MORE INFORMATION, CONTACT SARAH AT (781) 343-3272**

# ASPIRE After School Program Registration Form



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Child's Primary/Secondary Disability: \_\_\_\_\_

## Billing Information (if other than parents):

Name: \_\_\_\_\_

Contact Person (if agency/school): \_\_\_\_\_

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

Phone :( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I understand and accept full financial responsibility of services rendered if this service is denied by the above funding source.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Cost:**  
\$38 per day for 1:3  
Or  
\$40 per day for a 1:1

We will do our best to accommodate your child.

However, depending on the number of participants, we cannot guarantee that we can offer you all of your requested days or staffing requests. There are limited spots for each activity and we may not be able to accept everyone who registers. Registrations are not first come first serve basis. We base our staff according to how many people we expect to attend.

Please indicate the days of the week that you would like your child to attend ASPIRE from  
2:45 pm – 5:30 pm

Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

### **ASPIRE Coordinator:**

Sarah Ouellette

[Souellette@charlesrivercenter.org](mailto:Souellette@charlesrivercenter.org)

(781) 343-3272

**Additional Required Information**  
(To be completed and returned upon acceptance and registration into the program)

- Emergency Fact Sheet & Photo
- Seizure Protocol
- Medication List
- Pick-Up List

Please Return This Form To:

Family Support • Charles River Center • 59 East Militia Heights Drive • Needham, MA 02492