



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: _____

No ASPIRE on Mondays
Strict start time of 3:00
no early drop offs!

Billing Information (if other than parents):

Name: _____

Contact Person (if agency/school): _____

Billing Address: _____

Phone :(_____) _____ - _____

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

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

Signature Date

ASPIRE Coordinator:
Sarah Ouellette
familysupport@charlesrivercenter.org
781-343-3272

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 3:00 pm – 5:30 pm

Tuesday (Educate) _____
Wednesday (Expand) _____
Thursday (Zumba) _____
Friday (Music Therapy) _____

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