

All Day Discovery Program

For children entering grades K-6

Community Services, 36 Bartlet Street, Andover, MA 01810

Telephone: 978-623-8274 • Fax: 978-623-8275 • www.andoverma.gov/dcs

An updated **Emergency Information Sheet** must be on file in the DCS office for your child to attend this program. If an EIS is on file with DCS, yet the information has changed, please complete a new form or update the old one.
Is the **EIS form** on file?

Yes _____ No _____ Attached _____

child's name: first, middle initial, last _____

street address, town, zip code _____

_____/_____/_____ /_____/_____/_____ /_____/_____/_____
age/grade date of birth

home telephone _____ parent's cell phone _____

parent's email address _____

	5 days	4 days	3 days
Please check: <input type="checkbox"/> \$230/wk		\$205/wk	\$175/wk
<input type="checkbox"/> multiple wks. \$210/wk			
(check weeks)	(circle)	(circle days)	(circle days)
____ June 28-July 2	mon-fri	m t w th f	m t w th f
____ July 6-9	N/A	x t w th f	x t w th f
____ July 12-16	mon-fri	m t w th f	m t w th f
____ July 19-23	mon-fri	m t w th f	m t w th f
____ July 26-30	mon-fri	m t w th f	m t w th f
____ August 2-6	mon-fri	m t w th f	m t w th f
____ August 9-13	mon-fri	m t w th f	m t w th f

Program Cost	Extended Care	
8:30-4:30 (see prices)	7:30-8:30 (\$5/day)	4:30-5:30 (\$5/day)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
(program costs) + (extended care cost)		
\$ _____	+	\$ _____ + \$ _____
<i>non-resident fee \$10 x # of weeks</i>		\$ _____
<i>total</i>		\$ _____

Payment method, please circle:

Visa MasterCard Cash Check

card number _____ expiration date _____

card holder's name/signature _____

card code
(located on back of card)

receipt number



Please Note:

- Extended care is \$5/morning and \$5/afternoon, per child, PER DAY.
- The non-resident fee is \$10 per child/per week.