

SUDBURY EXTENDED DAY, INC.  
P.O. Box 696  
Sudbury, MA.01776  
Telephone: 978-443-5829  
Fax: 978-440-8361

**APPLICATION FOR ENROLLMENT – NEW FAMILY**  
**School Year 2017-18**

**HAYNES SCHOOL**  
**GRADES K-5**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent name \_\_\_\_\_ Parent name \_\_\_\_\_  
Parent work number \_\_\_\_\_ Parent work number \_\_\_\_\_  
Parent cell phone \_\_\_\_\_ Parent cell phone \_\_\_\_\_  
E-Mail address \_\_\_\_\_ E-Mail address \_\_\_\_\_

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b><u>BEFORE SCHOOL</u></b> 7:00-8:55 am	_____	_____	_____	_____	_____
<b><u>AFTER SCHOOL</u></b> Pick up by 6:15 pm	_____	_____	_____	_____	_____

A \$40 application fee, (\$45 for two or more children) will be billed to your account. This application fee is non-refundable unless S.E.D. cannot offer your child a space. If you have any questions, please contact the office at (978) 443-5829.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Return your application via one of the following methods:**

Mail to SED Office at PO Box 696, Sudbury, 01776  
By hand to the office at 327 Concord Rd.  
Fax to 978-440-8361  
Email to [office@sudburyextendedday.org](mailto:office@sudburyextendedday.org)

**You will receive a confirmation email from SED. If you do not receive a confirmation email within 2 weeks of sending in your application, please contact the office to confirm receipt.**