

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

NOYES 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 _____

	Monday	Tuesday	Wednesday	Thursday	Friday
<u>BEFORE SCHOOL</u> 7:00-8:55 am	_____	_____	_____	_____	_____
<u>AFTER SCHOOL</u> 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

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.