

April 1, 2019

Dear LEDP Families,

It is hard to believe, but it is time to re-enroll your child(ren) for the 2019-2020 school year. Please print this form and return it to the LEDP office by Thursday, April 25, 2019, with a \$50 non-refundable and non-transferable check per child. Tuition assistance forms are also attached to this email, and will be due at the same time for families interested in applying for T.A.

***** If you will not be re-enrolling, please note this at the top of the sheet , so that each family will be accounted for one way or another. This way, your child(ren)'s place may be filled by a new enrollee on the wait list.*****

During May 2018, You will be asked to review our current paperwork and make any corrections necessary. **For returning families, the June 2020 tuition will be due by, June 1, 2018 to Estha Blachman** (**address below**) and this will confirm your slot in the program. There will not be any refunds for families who withdraw their children from LEDP or reduce the number of days they are enrolled in the program. Therefore, it is important to solidify your child's schedules.

Estha Blachman

Lawrence Extended Day Program

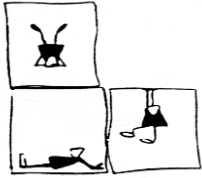
C/O Estha Blachman

P.O. Box 233

Arlington, Ma. 02476

Sincerely,

Mary Gardiner
Director



_____ Please check here if you are not returning to LEDP

2019-2020 LEDP RE-ENROLLMENT FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR 2019-2020:

1. Child's Name: _____

GRADE 2019-2020: (PLEASE CIRCLE) Kindergarten 1st 2nd 3rd 4th 5th 6th

NUMBER OF DAYS: (PLEASE CIRCLE) 2 3 4 5

SCHEDULE: (PLEASE CIRCLE) M T W TH F

2. Child's Name: _____

GRADE 2019-2020: (PLEASE CIRCLE) Kindergarten 1st 2nd 3rd 4th 5th 6th

NUMBER OF DAYS: (PLEASE CIRCLE) 2 3 4 5

SCHEDULE: (PLEASE CIRCLE) M T W TH F

3. Child's Name: _____

GRADE 2019-2020: (PLEASE CIRCLE) Kindergarten 1st 2nd 3rd 4th 5th 6th

NUMBER OF DAYS: (PLEASE CIRCLE) 2 3 4 5

SCHEDULE: (PLEASE CIRCLE) M T W TH F

_____ \$50.00 Confirmation check per child payable to LEDP

_____ CHECK HERE IF YOU ARE FILLING OUT A TUITION ASSISTANCE FORM

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

TELEPHONE NUMBER#: _____

EMAIL ADDRESS: _____