



## IMP After School Application

IMP for Kids  
PO BOX 847  
Edgartown MA 02539  
508-939-9368

[www.imp4kids.com](http://www.imp4kids.com)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Age Date of Birth

\_\_\_\_\_  
Island Mailing Address include ZIP

\_\_\_\_\_  
Off – Island Mailing Address include ZIP

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Alternate Parent or Guardian

\_\_\_\_\_  
Home Number Work Number Cell

\_\_\_\_\_  
Home Number Work Number Cell

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Would you like to get letters by email?

Other Members of the Household and Contact Numbers

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\_\_\_\_\_  
Emergency Telephone Number and Contact (if non family number)

Does your child have any issues we should know about to help them be successful in class or performance?  
(If yes, please specify medications, physical restrictions, social issues, education plans, services they receive at school, etc...)

Class (circle one)    IMPROV INTRO (grades 1-3)    ESSENTIAL IMPROV (grades 6-8)  
                                  BASIC IMPOV (grades 3- 5)    ADVANCED IMPROV (High School)

**Fee Schedule:**  
                                  **Session #1 OCT – JAN \$285.00    Session #2 JAN - MAY    \$285.00**

### Make Checks out to IMP for Kids

Tuition must be paid in full by the first class unless other arrangements are made. Email [imp4kids@gmail.com](mailto:imp4kids@gmail.com) for options

Amount enclosed: \_\_\_\_\_ (Did you apply the IMP Camp Discount?)

I give my permission for the IMP for Kids staff to secure emergency services or first aid for my child in the event of an emergency.

\_\_\_\_\_  
Signature  
Revised 8/14

\_\_\_\_\_  
date