



IMP After School Application

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

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

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 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