



of Greater Lowell

Enrollment Form

Ages 5-14

(Voucher client cost: per contract)

(Scholarships are available for qualified participants)

Child's Name: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Voucher Income Eligible / DCF Slot Private Pay

PLEASE SELECT YOUR INTENDED ENROLLMENT OPTION	Weekly Rate
<input type="checkbox"/> After-school (8/26/25 – 6/16/26)	\$137.90
<input type="checkbox"/> February Vacation Week (2/18/26 – 2/21/26)	\$256.90
<input type="checkbox"/> April Vacation Week (4/22/26 – 4/25/26)	\$256.90
<input type="checkbox"/> Summer Program (6/23/26 – 8/21/26)	TBD

TRANSPORTATION

- Lowell Public School Bus / Name of School: _____
Please provide us a copy of your child's bus pass.
- Parent Drop-off
- I do need private transportation services.
- I do not need private transportation services. Unsupervised walk (for girls ages 10+)
- Supervised walk with _____

**Voucher rates are determined by Childcare Circuit and are non-negotiable. They are due at the beginning of each week and must be paid regardless of attendance, unless otherwise arranged with a Childcare Circuit Case Worker.*

**If you enlist in Girls Inc.'s Private Transportation, you will be billed \$200 during the first week of each month.*

Please email Npflaumer@girlsinclowell.org with any questions or concerns.

Please review the agreement and sign on the back this form.



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ENROLLMENT AGREEMENT:

Our program runs year-round, including the school year, vacation weeks, and summer. By signing below, I understand and agree that:

- My child will be enrolled for the option(s) selected above.
- Space for vacation and summer programming is reserved based on this selection.
- If my child has a voucher or subsidized slot:
 - It must remain active.
 - I will follow all EEC attendance and absence policies (as administered through Child Care Circuit), including notifying the program if my child will be absent or withdraws.
 - I understand that excessive or unexcused absences may affect my child's continued enrollment and/or voucher eligibility

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY	
Staff Accepting Form: _____	Date Entered in Data Base _____
Staff Signature: _____	