



Concord Recreation  
 AfterSchool Program 2016-17  
 Application  
 Grades 1-5

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F Grade\_\_ School\_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Does your child have any chronic health conditions and/or need special accommodations? Y N  
 If yes, please describe \_\_\_\_\_

**Monthly Schedule and Tuition**

Please check the box for the number of days per week and circle the days of the week. **There is a two day minimum for AfterSchool care.**

	Cost	*Tuesday Surcharge	Total
<input type="checkbox"/> Full Week – 5 afternoons	\$580	\$0	_____
Please circle the days			
<input type="checkbox"/> 4 days M T* W Th F	\$393	\$140	_____
<input type="checkbox"/> 3 days M T* W Th F	\$295	\$140	_____
<input type="checkbox"/> 2 days M T* W Th F	\$250	\$140	_____

**Tuition** is billed in 10 equal installments with the first non-refundable installment for September 2016 due at registration. Billing will begin in September for 9 additional payments

**Registration Fee:** \$50 if received prior to May 27. \$75 May 28 – July 15. \$100 after July 15.

**Registration must be received by August 15 for an August 31 start date. No registrations will be processed between August 15 and August 31 2016.**

If my child is accepted, I understand and agree to the following:

My child cannot attend unless all required paperwork/documentation and medical forms (along with necessary medication) have been received by the program.

I hereby give my permission for the registrant to participate in the AfterSchool Program. I understand that the Town of Concord carries no insurance for participant. I agree to hold harmless the Town and/or, its employees and volunteers from any claim or liability related to any accident that may occur. I give my permission for medical treatment if the need arises.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Date Received \_\_\_\_\_ Registration Fee \_\_\_\_\_ Tuition Deposit \_\_\_\_\_