



Concord Recreation
 AfterSchool Program 2016-17
 Application
 Kindergarten

Child's Name _____ DOB _____ Gender: M F School _____
Last First

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	Surcharge		Total
		*T <u>and</u> TH	*T <u>or</u> TH	
<input type="checkbox"/> Full Week – 5 afternoons	\$680	\$0	\$0	_____
Please circle the days				
<input type="checkbox"/> 4 days M T* W Th* F	\$393	\$225	\$140	_____
<input type="checkbox"/> 3 days M T* W Th* F	\$295	\$225	\$140	_____
<input type="checkbox"/> 2 days M T* W Th* F	\$250	\$225	\$140	_____
<input type="checkbox"/> 2 days T and Th until 3:30	\$260			_____

* An additional fee for children attending on Tuesday and/or Thursday as payment for the Early Release days.

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 understand that further requirements are outlined the Policies and Procedures.

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 _____