

AFTER SCHOOL PROGRAM

Child's Name: _____ Grade: _____

Program Choice- *Please indicate your choice*

- | | | | | |
|----------------------------------|--------------------------|------------------------|-----------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | FULL Program | 3:00-6:00 P.M. | Monthly Fee \$385.00 |
| 5 days per week: 3 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$295.00 |
| 5 days per week: 2 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-6:00 p.m. | Monthly Fee \$336.00 |
| 4 days per week: 3 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$256.00 |
| 4 days per week: 2 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-6:00 p.m. | Monthly Fee \$235.00 |
| 3 days per week: 3 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$180.00 |
| 3 days per week: 2 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-6:00 p.m. | Monthly Fee \$168.00 |
| 2 days per week: 3 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$128.00 |
| 2 days per week: 2 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-6:00 p.m. | Monthly Fee \$84.00 |
| 1 day per week: 3 hours per day | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$64.00 |
| 1 day per week: 2 hours per day | | | | |

DAYS ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

START DATE _____

PAYMENT INFORMATION

There is an initial enrollment fee of \$10.00 per family due at time of registration. All fees are paid on a monthly schedule by check (checks payable to Suffield Public Schools) or cash, *due the first of the month*.

Primary Billing Party _____ Daytime phone _____

Initial Enrollment fee to be paid with registration	Per family	\$ <u>10.00</u>
Individual student tutoring- added fee \$10.00 per half hour session		\$ _____
Sibling Discount – 15% off second child's tuition - NEW		\$ _____
	Monthly Program Fee	\$ _____
	TOTAL DUE	\$ _____

Parent/Guardian Agreement

I understand that the Registration Fees are non-refundable, non-transferable and for administration purposes only. I will give two weeks notice in writing of any changes in my child's schedule (including withdrawal from the Before-After School Program) and will be responsible for full payment of these two weeks of before/after school care. The Before-After School Program assumes responsibility for my child's well-being during the time he/she attends the program and the parent is responsible for all costs of any medical treatment and care. The information on this Registration Form is complete and accurate and I will promptly notify the Before-After School Program of any changes. I will notify the Before-After School Staff if my child will be absent from the program. I understand that my child needs to follow the same rules for the Suffield Public School system while attending the Before-After School Program. If a verbal warning is given for inappropriate behavior or language then my child could be terminated from the program.

My signature acknowledges my understanding and consent to the above agreement.

Parent/Guardian Signature Date _____



REGISTRATION 2019-2020 School Year

Child Information

Child's name _____ Grade _____

Home Address _____ Birth Date _____

Mailing Address _____

Home Telephone (860) _____ - _____ Email Address _____

[] NO [] YES The Before/After-School Program has permission to photograph
my child to be used for projects, newspaper articles, etc.

Parent/Guardian Information

Mother's name _____

Home Address _____

Home phone _____ Cell Phone _____ Work Phone _____

Employer _____ Business Address _____

Father's name _____

Home Address _____

Home phone _____ Cell Phone _____ Work Phone _____

Employer _____ Business Address _____

Other Contact _____ relationship to student _____

Home Address _____

Home phone _____ Cell Phone _____ Work Phone _____

Employer _____ Business Address _____

Medical:

In case of emergency, which of the parent/guardians should we contact first? _____

Doctor _____ phone () _____

Dentist _____ phone () _____

Preferred Hospital _____

Medical concerns/allergies: _____

[] ***Yes, I give permission to the Before/After-School staff to administer First Aid in case of injury. In the event my child needs emergency attention and I cannot be contacted, I give the Before/After-School staff permission to authorize medical treatment for my child.***