



AfterSchool Program

Concord Recreation

2018-2019

Grades K-5

NAME (LAST, FIRST) D.O.B. M/F

ADDRESS TOWN ZIP

PARENT/GUARDIAN NAME (LAST, FIRST)

CELL PHONE BUSINESS PHONE

EMAIL

PARENT/GUARDIAN NAME (LAST, FIRST)

CELL PHONE BUSINESS PHONE

EMAIL

DOES YOUR CHILD HAVE ANY CHRONIC HEALTH CONDITIONS, ALLERGIES, ASTHMA AND/OR SPECIAL ACCOMMODATIONS? YES NO

IF YES, PLEASE DESCRIBE

Days Requesting Monday Tuesday Wednesday Thursday Friday

Grade K 1 2 3 4 5

School Alcott Thoreau Willard

Monthly Tuition-Kindergarten	Monthly Tuition-Grades 1-5	Registration Fees
5 Days \$701	5 Days \$598	Prior to June 1 - \$30
4 Days \$405	4 Days \$405	After June 1 - \$75
3 Days \$304	3 Days \$304	
2 Days \$258	2 Days \$258	
<i>Surcharge: T and Th \$232</i>	<i>Surcharge: Tues \$145</i>	
<i>Surcharge: T or Th \$145</i>	<i>(unless registering for 5 days)</i>	
<i>(unless registering for 5 days)</i>		

REGISTRATION AND BILLING INFORMATION

- There is a two day minimum for AfterSchool care.
- Tuition is billed in 10 equal installments with the first non-refundable installment due at registration
- Registration must be received by July 20 for an August 29 start date.
- Registrations received after July 20 will be processed on a first come first served basis

WAIVER OF LIABILITY

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.

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.

Signature Date

PAYMENT

Card #

Exp. Date / V-Code Master Card Visa Check

Name on card

Signature Date