



AFTER SCHOOL PROGRAM 2023-2024

Child's Name: _____ Grade: _____

Program Choice- Please *highlight* your choice

- | | | | |
|--------------------------|----------------------------------|----------------|----------------------|
| <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"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$295.00 |
| | 5 days per week: 2 hours per day | | |
| <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"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$256.00 |
| | 4 days per week: 2 hours per day | | |
| <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"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$180.00 |
| | 3 days per week: 2 hours per day | | |
| <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"/> | PARTIAL Program | 3:00-5:00 p.m. | Monthly Fee \$128.00 |
| | 2 days per week: 2 hours per day | | |
| <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"/> | 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 by check (checks payable to Suffield Public Schools), Money order or cash. Payments are **due the first of the month.**

Primary Billing Party (Mother/Father) _____ 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	\$ _____



REGISTRATION 2023-2024 School Year

Child's 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.



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 via email, of any changes in my child's schedule (including withdrawal from the Before-After School Program). I will also 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 Program Coordinator directly** 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 to any student/family for inappropriate behavior or language then my child could be terminated from the program at any point thereafter. Dismissal of students due to behavior issues will be determined by the Program Coordinator.*

Parent/Guardian Signature

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

Date _____