



Before School Program

Concord Recreation
2018-2019
Grades K-5

NAME (LAST, FIRST) D.O.B. GENDER (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
5 Days \$235
4 Days \$186
3 Days \$165
2 Days \$123
1 Days \$62

Registration Fees
Prior to June 1 - \$30
After June 1 - \$75

REGISTRATION AND BILLING INFORMATION

- 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 Before School 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 _____