



# 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**

5 Days \$701  
4 Days \$405  
3 Days \$304  
2 Days \$258  
*Surcharge: T and Th \$232*  
*Surcharge: T or Th \$145*  
*(unless registering for 5 days)*

**Monthly Tuition-Grades 1-5**

5 Days \$598  
4 Days \$405  
3 Days \$304  
2 Days \$258  
*Surcharge: Tues \$145*  
*(unless registering for 5 days)*

**Registration Fees**

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

**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