



Medfield Afterschool Program, Inc.

P.O. Box 18, Medfield, MA 02052

508-359-0003

Email: [gayeshannon@verizon.net](mailto:gayeshannon@verizon.net)

[www.medfieldafterschoolprogram.com](http://www.medfieldafterschoolprogram.com)

2015 – 2016 REGISTRATION FORM FOR **GRADES 1-6**

Child's name \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Grade in 15-16 \_\_\_\_\_

Days requested: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

Start date (if other than the first day of school) \_\_\_\_\_

***Priority is given to those currently enrolled in program.***

Please return this form **by mail** with a \$50 registration fee (\$30 for each additional child) to MAP and mail to: The Medfield Afterschool Program, P.O. Box 18, Medfield, MA 02052

For Office Use Only

Registration Fee received: \_\_\_\_\_  
Amount check # date

Deposit received: \_\_\_\_\_  
Amount check # date