



Medfield Afterschool Program, Inc.

P.O. Box 18, Medfield, MA 02052

508-359-0003

Email: gayeshannon@verizon.net

www.medfieldafterschoolprogram.com

2016– 2017 REGISTRATION FORM FOR **GRADES 1-6**

Child's name _____

Parent/Guardian Names _____

Phone (home) _____ (cell) _____ (work) _____

Address _____

Email address _____

Grade in 16-17 _____

Days requested: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

Daily tuition from school dismissal-6 pm: \$31.75

Full time (M-F) receive 10% discount: \$142.90

(siblings receive an additional 5% discount)

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