JUMP START MAP



Medfield Afterschool Program, Inc. P.O. Box 18 Medfield, MA 02052 (508) 359-0003

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<u>2017-2018 REGISTRATION</u>

Please return this form <u>BY MAIL</u> along with a \$50 Registration fee (\$30 for each additional child) to the address above & payable to MAP.* **Registration priority will be given to those currently enrolled & to those registering by Friday, May 5, 2017.** Please note: In order to enroll, your child must be 4 years of age before their start date at MAP.

Child's Name:		Date of Birth:			
Parent/Guardian Nam	es:			·	
Phone: (Home)	(Work)		Email:		
Address:			Start date:		
		of families with chi	ldren 4 years old	& up:	
Morning Jump Monday:	S1AK1 MAP <u> </u>		_	l Pre-school will be walked to school)Friday:	
Monday: *Please note - JUMP STA not be open on teacher pr	ART MAP start & end times are s ofessional days, conference days	Wednesday:	Thursday:		
•	provided after confirmation.				
		Daily		Full-time (5 days-10% discount)	
	TART MAP (8:30-12:15)	\$37.00		\$167.00	
AFTERNOON JUMP START MAP (11:15-2:30) FULL DAY JUMP START MAP (8:30-2:30))) \$33.00 \$62.00		\$148.50 \$279.00	
	scount for the lesser tuition	ψ02.00		Ψ213.00	
Your weekly tuition will lequal installments that a Tuition is charge MAP will charge MAP does not in February, or Ap Tuition deposits are held drop days during the yet two week written notice.	be multiplied by the number of the payable in advance. The defor holidays that fall within the approximate for any snow days that will be muclude/bill tuition for the teacher prill break) for our Jump Start familied in escrow until you leave the par, your annual tuition is re-calc	academic year. ade up at the end of the sc rofessional days, conferences as there is no Jump Sta program and then refund culated and you will recei	hool year. ce days, non-school da art program on those da ed to you provided yo ve a new installment a	r JUMP START MAP) and divided in 10 ys, or school vacation weeks (December, ys. our account is paid in full. If you add or amount provided you have given us a	
For Office Use Only: Regis	stration fee received:	Deposit Receive	ed: Amount	check # date	