



Medfield Afterschool Program, Inc.

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

www.medfieldafterschoolprogram.com

gayeshannon@verizon.net

2017– 2018 REGISTRATION FORM FOR **GRADES 1-6**

Priority is given to those currently enrolled in program and those registering prior to Friday, May 5, 2017

Child's Name: _____

Parent/Guardian Names: _____

Phone: (Home) _____ (Work) _____ Email: _____

Address: _____ Start date: _____
(if other than the first day of school)

Grade in 2017-2018 _____

Days requested: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Daily tuition from school dismissal – 6:00 pm: \$33.00

Full time (Monday-Friday) receive 10% discount: \$148.50

(siblings receive an additional 5% discount)

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