

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

P.O. Box 18 Medfield, MA 02052 (508) 359-0003 www.medfieldafterschoolprogram.com annette.map@comcast.net

2019–2020 REGISTRATION FORM FOR GRADES 1-6

Priority is given to those currently enrolled in program and those registering prior to Friday, March 15, 2019

Child's Name: _____

Parent/Guardian Names:			
Phone: (Home)	(Cell)	
Email:			
Address:	Start date:(if other than the first day of school)		
Grade in 2019-2020	-		
Days requested: Monday Tues			y Friday
*If not requesting every day, do you have any fl	exibility with the days y	ou chose?	
2019-2020 Tuition Rates:			
Daily tuition from school dismis	sal – 6:00 pm:	\$34.00	
Full time (Monday-Friday) recei	ve 10% discount:	\$154.45	
(siblings with the lesser tuition r	eceive an additional	5% discount)	
Please return this form by mail with a \$ mail to: The Medfield Afterschool Prog	· ·		· ·
For Office Use Only			
Registration Fee received:			
-	Amount	check #	date
Deposit received:			
	Amount	check #	date