



# 2020– 2021 ~ Grade 1-6 Registration Medfield Afterschool Program, Inc.

P.O. Box 18 Medfield, MA 02052 [www.medfieldafterschoolprogram.com](http://www.medfieldafterschoolprogram.com)  
(508) 359-0003 [annette.map@comcast.net](mailto:annette.map@comcast.net)

Priority is given to those currently enrolled in program and those registering prior to **Friday, March 13, 2020**. 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

Child's Name: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

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

**Grade in 2020-2021:** \_\_\_\_\_

**Days requested:** Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

**\*If not requesting every day, do you have any flexibility with the days you chose?** \_\_\_\_\_

**Current 2019-2020 Tuition Rates:** Daily tuition from school dismissal – 6:00 pm: \$34.00  
Full time (Monday-Friday) receive 10% discount: \$153.00

### Tuition Calculation:

- MAP establishes a daily fee for each program (Jump Start through 6<sup>th</sup> grade) based on the cost to care for each child.
- This fee is multiplied your child's weekly schedule and number of weeks in the school year (approximately 38).
- It is then divided by 10 (or if starting later in the year, by the number of months remaining) to establish a monthly rate.
- MAP offers a 10% tuition discount for enrolling 5 days a week, and a 5% sibling discount for the lesser tuition.
- A deposit is required at MAP sign up. Tuition deposits will be held in escrow until you leave the program and then refunded to you provided your account is paid in full.

MAP's complete tuition policy is available in the Family Handbook & on the Tuition Page on our web site [www.medfieldafterschoolprogram.com](http://www.medfieldafterschoolprogram.com)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only:** Registration fee received: \_\_\_\_\_ Deposit Received: \_\_\_\_\_  
Amount Check # Date Amount Check # Date