

FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT

**After-school Care and Enrichment Program Registration Form
September 2017 – June 2018**

Child's Name _____ D.O.B. _____ M ___ F ___
Address _____ City _____ Zip Code _____
Home Telephone _____ Email Address _____
School _____ Grade Entering in Sept. 2017 _____
Father's Name _____
Father's Business Phone _____ Father's Cell Phone _____
Mother's Name _____
Mother's Business Phone _____ Mother's Cell Phone _____

Emergency Information: The following people have permission to pick my son/daughter up. (Please be sure that emergency contact people reside locally in the event your child must be picked up immediately.)

Name #1 _____ Relationship _____ Phone/Cell _____
Name #2 _____ Relationship _____ Phone/Cell _____

Health Information: (allergies, medications taken daily, etc.) _____

Child's Doctor's Name/Phone: _____

SCHEDULE OF DAYS YOUR CHILD WILL ATTEND (Minimum 3 days per week)

Please check all that apply: Monday Tuesday Wednesday Thursday Friday

You will be charged monthly.

Payment is due upon receipt of each month's billing statement.

If payment is not received by the fifteenth of the month, student(s) will not be able to attend.

There are no credits or refunds for any unused days.

REGISTRATION FEE FOR NEW ENTRANTS: \$50.00 PER CHILD (NON-REFUNDABLE)
(Must accompany registration form)

PAY THE SAME PRICE EVERY MONTH!

FEE SCHEDULE:

5 days per week: \$300.00 per month

4 days per week: \$245.00 per month

3 days per week: \$195.00 per month

Sibling Discounts apply to every child after the first.

DISCOUNT SCHEDULE:

5 days per week: 30% discount = \$210.00

4 days per week: 20% discount = \$196.00

3 days per week: 10% discount = \$176.00

Return completed registration form to:

**Franklin Square Union Free School District
Washington Street School, 760 Washington Street, Franklin Square, NY 11010
Attention: Mrs. Heather Healy, Business Office**

(Please notify us immediately of any changes to your address, phone #, child's schedule, or place of employment.)

Signature of Parent/Guardian _____ Date _____

***The ACE Program will begin on Tuesday, September 5th for those registered by August 10th.**

***The ACE Program will begin on Monday, September 11th for those registered after August 10th.**

*****Register by June 30th and receive a \$25 discount per child off September's bill.*****

*****Register by July 31st and receive a \$15 discount per child off September's bill.*****