

Signature

## **Before School Program**

Concord Recreation 2019-2020 Grades K-5

NAME (LAST, FIRST)	D.O.B.	GENDER (M/F)
ADDRESS	TOWN	ZIP
PARENT/GUARDIAN NAME (LAST, FIRST)		<del>-</del>
CELL PHONE	BUSINESS PHONE	
EMAIL		
PARENT/GUARDIAN NAME (LAST, FIRST)		
CELL PHONE	BUSINESS PHONE	
EMAIL		
DOES YOUR CHILD HAVE ANY CHRONIC HEALTH CONDITIONS, ALLER	RGIES, ASTHMA AND/OR SPE	CIAL ACCOMMODATIONS? YES NO
IF YES, PLEASE DESCRIBE		
Days Requesting       □Monday       □Tuesday       □We         Grade       □K       □1       □2       □3       □4       □5         School       □Alcott       □Thoreau       □Willard	dnesday □Thursday	□Friday
Monthly Tuition       Registration Fees         5       Days       \$237       Prior to June 1 - \$30         4       Days       \$188       After June 1 - \$75         3       Days       \$167         2       Days       \$124         1       Days       \$63		
<ul> <li>REGISTRATION AND BILLING INFORMATION</li> <li>Tuition is billed in 10 equal installments with the first no</li> <li>Registration must be received by July 19 for an August 28</li> <li>Registrations received after July 19 will be processed on a</li> </ul>	8 start date.	_
WAIVER OF LIABILITY I hereby give my permission for the registrant to participate in Concord carries no insurance for participant. I agree to hold hany claim or liability related to any accident that may occur. I get to be a controlled to the con	narmless the Town and/or,	its employees and volunteers from
If my child is accepted, I understand and agree to the following umentation and medical forms (along with necessary medication		
Signature		Date
PAYMENT  Card #  Exp. Date V-Code V-Code	Master Card	Visa Check

Date