

Signature

Before School Program

Concord Recreation 2018-2019 Grades K-5

NAME (LAST, FIRST) ADDRESS PARENT/GUARDIAN NAME (LAST, FIRST)	D.O.B. TOWN	GENDER (M/F) ZIP
	, , , , , , , , , , , , , , , , , , , ,	
CELL PHONE	BUSINESS PHONE	
EMAIL		
PARENT/GUARDIAN NAME (LAST, FIRST)		
CELL PHONE	BUSINESS PHONE	
EMAIL		
DOES YOUR CHILD HAVE ANY CHRONIC HEALTH CONDITIONS, ALLER	GIES, ASTHMA AND/OR SPEC	CIAL ACCOMMODATIONS? YES NO
IF YES, PLEASE DESCRIBE		
Days Requesting □ Monday □ Tuesday □ Wed Grade □ K □ 1 □ 2 □ 3 □ 4 □ 5 School □ Alcott □ Thoreau □ Willard	dnesday □Thursday	□Friday
Monthly Tuition Registration Fees 5 Days \$235 Prior to June 1 - \$30 4 Days \$186 After June 1 - \$75 3 Days \$165 2 Days \$123 1 Days \$62		
 REGISTRATION AND BILLING INFORMATION Tuition is billed in 10 equal installments with the first non-Registration must be received by July 20 for an August 29 Registrations received after July 20 will be processed on a second sec	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 he any claim or liability related to any accident that may occur. I g	armless the Town and/or, it	ts 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 Vi	isa Check

Date