



After School Program Registration Form 2010-11 Grades K-3

STUDENT(S) INFORMATION

Name: _____ Grade: _____ Sex: _____

Name: _____ Grade: _____ Sex: _____

Address: _____ City: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Mother: _____ Home: _____ Cell: _____ Email: _____

Father: _____ Home: _____ Cell: _____ Email: _____

Guardian: _____ Home: _____ Cell: _____ Email: _____

Student lives with (check all that apply): Father Mother Guardian

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; or 3) give advice about caring for your child.

Name: _____ Name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Relationship to student: _____ Relationship to student: _____

STUDENT PICK UP

Please list people who you authorize to pick up your child(ren) from SNHMA's after school program.

Name: _____ Name: _____

Address: _____ Address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Relationship to student: _____ Relationship to student: _____

HEALTH INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medication(s) being take by student: _____

Physical conditions (allergies, diabetes, etc.): _____

Date of last diphtheria/tetanus shot: _____

If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.

Signature of Parent/Guardian

Date

I/we hereby give my/our permission to Southern NH Montessori Academy to use photographs, videotapes, and/or movies taken of the above-named child for promotional use. (Facebook, Website, Press Releases, Brochures) _____ (initial)

COST

Fall **AFTERNOONS AT THE ACADEMY** programs begin the week of September 13 through December 17 and are held daily from 3:30-5pm following the school calendar. Drop off and snack time is 3:15-3:30.

The cost of Fall programs are as follows:

- Academy Children’s Band / Good Deeds Club \$100/ mo or \$275/ Fall
- Fine Arts Academy \$100/ mo or \$275/ Fall
- Jr FIRST LEGO League (3 month program) \$275
- Children’s Theatre Group (3 month program) \$275
- The Global Child \$100/ mo or \$275/ Fall

After-care available: 5-5:30pm, billed in 15 minutes increments (@\$5.00).

DISCOUNTS

Discounts available for multi-program* and/or sibling enrollment:

- 3 programs – 10% discount
- 5 programs – 25% discount
- Multiple Child – 5% discount

**requires registration for the full 3 month fall programs*

REGISTRATION

Please check the programs for which you are registering:

TALLY

[]	Academy Children’s Band / Good Deeds Club	_____
	___ Fall ___ Sept 13-Oct 4 ___ Oct 18-Nov 8 ___ Nov 15-Dec 13	
[]	Fine Arts Academy	_____
	___ Fall ___ Sept 13-Oct 4 ___ Oct 18-Nov 8 ___ Nov 15-Dec 13	
[]	Jr FIRST LEGO League	_____
[]	Children’s Theatre Group (<i>Mirror, Mirror</i>)	_____
[]	The Global Child	_____
	___ Fall ___ Sept 13-Oct 4 ___ Oct 18-Nov 8 ___ Nov 15-Dec 13	
	Subtotal	_____
	DISCOUNT	<_____>
	TOTAL	_____

Will you need after program care? [] Yes [] No

Payment in Full is expected at time of registration. \$50 of each registration is non-refundable. The balance is refundable up to two weeks prior to the start date of the program.

Make checks payable to: SNHMA Mail or bring registration and payment to address below