



After School Program Registration Form 2011-12

Big Ideas for Little Hands Ages 3-5

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

Winter **BIG IDEAS FOR LITTLE HANDS** programs begin the week of January 3 through March 15 and are held daily from 3:30-5pm following the school calendar. Drop off and snack time is 3:00-3:15.

The cost of Winter programs are as follows:

Daily Rate: \$15/afternoon

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 winter programs*

REGISTRATION

Please check the programs for which you are registering:

TALLY

January: Animals in Winter

Mon (3)

Tues (5)

Wed (4)

Thurs (4)

Fri (4)

_____ #days@\$15 _____

February: Fairy Tales, Friends and Food

Mon (3)

Tues (4)

Wed (5)

Thurs (4)

Fri (2)

_____ #days@\$15_____

March: All About ME

Mon (2)

Tues (2)

Wed (2)

Thurs (3)

Fri (2)

_____ #days@\$14 _____

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

1E Commons Drive Unit 28 Londonderry NH 03053 (603)818-8613 www.snhma.org



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