

NNM After-School/Early-Morning Programs and Activities

Session 3 March 3 – May 30, 2008

This form is due no later than Friday, February 22, 2008. One form per child.
Additional forms can be found at www.nnms.org/afterschool

Name _____ Age (as of 03/03/08) _____ Grade _____ Teacher _____

*Before completing this form, please read the enclosed **After-School Program Newsletter** for important information about changes to after-school and early-morning programs.*

Part A Indicate which **AFTER-SCHOOL ACTIVITIES** your child will participate in during Session 3.

Class #	Class Name	Day	Time	Price <small>see enclosed price chart</small>	Office Use Only
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Total Amount (A)				\$	

Part B Indicate which days your child will require **OPTIONAL AFTER-SCHOOL CARE** during Session 3.

	3:30-4:30	4:30-5:30	3:30-5:30	Day	Time	Price	Office Use Only
Monday	\$62.50	\$62.50	\$125	MON		\$	
Tuesday	\$75	\$75	\$150	TUE		\$	
Wednesday	\$75	\$75	\$150	WED		\$	
Thursday	\$75	\$75	\$150	TH		\$	
Friday	\$68.75	\$68.75	\$137.50	FRI		\$	
Total Amount (B)						\$	

Part C Indicate if your child will require **EARLY-MORNING CARE** during Session 3.

Early-morning care is no longer included in the contract. Registration is on a per-session basis.

Yes

	\$	299.25	
Total Amount (C)	\$	299.25	

Part D Indicate if your child will require AM or PM care **THE LAST WEEK OF SCHOOL*** (June 2 - 6).

Please mark the days your child will attend:

MON, 6/2: <input type="checkbox"/> AM \$5.25 <input type="checkbox"/> PM \$12.50	\$	
TUE, 6/3: <input type="checkbox"/> AM \$5.25 <input type="checkbox"/> PM \$12.50	\$	
WED, 6/4: <input type="checkbox"/> AM \$5.25 <input type="checkbox"/> PM \$12.50	\$	
THURS, 6/5: <input type="checkbox"/> AM \$5.25 <input type="checkbox"/> PM \$12.50	\$	
FRI, 6/6: <input type="checkbox"/> AM \$5.25 <input type="checkbox"/> PM \$12.50	\$	
Total Amount (D)	\$	

****CONTINUE ON REVERSE SIDE****

- Calculate your **TOTAL AMOUNT DUE** for Session 3 programs.

		Office Use Only
Total Amount A	\$	
Total Amount B	\$	
Total Amount C	\$	
Total Amount D	\$	
TOTAL AMOUNT DUE	\$	
OFFICE USE ONLY		

- Provide your **payment information** and sign below. *Full payment is due at the time of registration..*

<input type="checkbox"/> Paying by check	OR	<input type="checkbox"/> Paying by credit card			
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">check #</div>		(circle one) Visa MasterCard Discover			
		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Card #</td> <td style="border: none; text-align: right;">Exp. Date</td> </tr> </table>	Card #	Exp. Date	
Card #	Exp. Date				
		Name of Cardholder			
		Billing Address			
		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none; text-align: center;">State</td> <td style="border: none; text-align: right;">Zip</td> </tr> </table>	City	State	Zip
City	State	Zip			

\$40.00 is charged for each returned check and \$5.00 for denied credit card transactions.

• **Parent Signature:** _____

• **Parent E-mail Address:** _____
 Required if you would like confirmation of your child's registration

If you have questions about any information on this form, please contact
 Hayley at programs@nnms.org or 773.384.1434, ext. 605.