



## AFTER SCHOOL CONNECTION REGISTRATION FORM

Child's Name \_\_\_\_\_ Grade/Sept. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Mother** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Father** \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

**PROGRAM OPTIONS & FEES:**

\$5/hour

OR

\$15/day

**Please Circle Days Requested:**

**M T W TH F**

**PAYMENT:**

Invoiced monthly based on prior month's attendance.

**\*\*If you are signed up for specific days each week (ex. M, W, F) and do not use the program for one of the days, you will not be pro-rated for the unattended days**

*Students participating in the Hillel Community Day School After School Connection must have up to date medical emergency, immunizations/screenings and physicals on file during enrollment in the program.*