



After School Program Registration Form

Today's Date _____

Child's Name _____ Grade: _____ Age _____ Gender: M F

Parent/Guardian Name: _____

Mailing Address: _____
Street City/Town State Zip

Day/Work Phone # _____ Evening/Home Phone # _____

E-Mail: _____

Photo Release: I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes, and or sound recordings of my child for use in media materials the UMF FRC may create.

Parent Signature: _____

Fees:

<u>Per Day</u>	\$4 for non-members	<u>Per Semester</u>	\$200 for non-members
(Paid weekly)	\$2 for members	(14 weeks)	\$100 for members

Payments are non-transferable, non-refundable, and may not be credited to your account.

**** Payments must be made PRIOR to child's participation in the program.**

If you plan on sending your child on a **per day** basis, please indicate which days your child will be attending the A.S.P. (√).

If you plan on paying **per semester** please indicate which semesters you would like to pay for in full.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

OR

- Fall
- Spring

For Office Use Only

- Member (\$100/semester or \$2/day)
- Non-Member (\$200/semester or \$4/day)

Payment

- Per day
 - Per semester
- Total Paid _____ Date _____
- Total Paid _____ Date _____

Per Day Payments

Date	Amount	Date	Amount	Date	Amount

This is not an MSAD #9 sponsored event.