



2018-2019 Afterschool Program Registration Form

Student Information Home address _____

Child's 1 Full Name _____ Birth Date _____ Age _____ M / F

Grade Entering in September 2018 _____ School Name _____

Allergies/Medical Problems _____

Please indicate the days your child will be attending

- Monday Tuesday Wednesday Thursday Friday

I would like to register for Extended Day Care (6-6:30) on the following days

- Monday Tuesday Wednesday Thursday

Child's 2 Full Name _____ Birth Date _____ Age _____ M / F

Grade Entering in September 2018 _____ School Name _____

Allergies/Medical Problems _____

Please indicate the days your child will be attending

- Monday Tuesday Wednesday Thursday Friday

I would like to register for Extended Day Care (6-6:30) on the following days

- Monday Tuesday Wednesday Thursday

Guardian Information

Guardian 1 Name _____

Relationship to the child _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Guardian 1 Name _____

Relationship to the child _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Please indicate how you will arrive each day:

- Mt. Horeb Bus Woodland
 Central Bus A.L. Tomaso

Please note, you must designate Mountain Top School as your afternoon drop-off with Warren BOE.

People authorized to pick up child or contact in case of emergency (must be someone other than guardian)

Name _____

Relationship _____

Cell Phone _____

Name _____

Relationship _____

Cell Phone _____

Homework Agreement Form:

I would like my child(ren) do the following, as it pertains to homework, during Afterschool.

- Save it for home
 Do as much as they would like
 Complete all their homework

Parent Signature: _____ Date: _____

I have read and agree to the rules of enrollment. I give permission for my child to participate in all of Mountain Top School's Afterschool activities and release Mountain Top School at Temple Har Shalom from all liabilities. In the event that I cannot be contacted in a medical emergency, I hereby grant my permission to Mountain Top School to take my child to the nearest medical facility to provide a physician and to give emergency treatment to my child. I understand that Mountain Top School's insurance policy is secondary to my family's insurance policy.

Signature of Parent/Guardian _____ **Date** _____

Please tell us how you heard about our program:

Friend (who) _____ Mountain Top Website Facebook Other: _____

Monthly Tuition	2 days	3 days	4 days	5 days
1 Child	\$240	\$280	\$320	\$360
2 Children	\$450	\$530	\$610	\$680

Monthly Extended Day Fees	2 days	3 days	4 days
Per child	\$20	\$30	\$40

Terms of Enrollment

- **Two months (first and last month's rate) deposit is required at registration.**
 - Make checks payable to Temple Har Shalom
 - Cancellations on or before August 1, 2018 all Afterschool Program fees will be refunded except for \$50.00/child
 - Cancellations after August 1, 2018 NO REFUND of any Afterschool Program fees will be provided.
- Hours Monday-Friday 3:00-6:00pm. Monday-Thursday until 6:30 (Extended Day Care only)
- Mountain Top School reserves the right to combine, change or cancel the program based on the minimum enrollment.
- Children will not be admitted to the program unless all forms have been properly completed and returned to the Mountain Top office.
- Temple Har Shalom/Mountain Top Schools insurance policy is secondary to your family insurance policy.
- Enrollment is rolling

Payment Policy

I am paying in full.

I authorize Mountain Top School at Temple Har Shalom to debit my account every month. Please submit a complete ACH form (attached).

Enclosed is a total payment of \$ _____.

Mountain Top School is closed on the following days

September 10th-11th Rosh Hashanah
September 19th Yom Kippur
November 22nd-23rd Thanksgiving

Afterschool Care will be available on the following Warren Public School half days

November 6th-7th from 1:00-6:00 pm (Parent Conferences)
November 21st from 1:00-6:00 pm (Thanksgiving Break)
December 21st from 1:00-6:00 pm (Winter Break)
February 15th from 1:00-6:00 pm (Staff Development)
June 21st & 24th from 1:00-6:00 pm (End of year)

Vacation Programs are available at an additional cost per event.

Afterschool programs start on September 6, 2018 and end June 24, 2019 (subject to snow days).

By signing this form, I agree to the policies set forth above.

Parent/ Legal Guardian's Signature

Date

Parent/Legal Guardian Name – Printed

For office use only

Registration Date _____
Check amount _____
Check Number _____
Check Date _____