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:

Per Semester: Members $110/Non-Members $220

Per Day: Initial Deposit $40

Amount deducted from deposit per day: $3 for members/$6 for non-members

All per day participants are required to pay an initial deposit of $40. We will deduct the daily fee from your balance. Once your balance has exceeded a $10 minimum you will be asked to make a payment to bring your balance to $40. Any funds remaining at the conclusion of the school year will be refunded to you.

For Office Use Only

☐ Member

☐ Non-Member

☐ Waiver

☐ Emergency Form

Date	$	Initials	Date	$	Initials	Date	$	Initials

This is not an MSAD #9 sponsored event.