

## Chatham Parks & Recreation

Chatham Community Center  
702 Main Street  
Chatham, MA 02633  
Telephone (508) 945-5175  
Fax (508) 945-5159  
[www.chathamcommunitycenter.com](http://www.chathamcommunitycenter.com)

# PARK Afterschool Program

## Positive Afterschool Recreation for Kids

### 2017 – 2018 Enrollment Form

## PARK Afterschool Program Enrollment Form

### Please Note:

1. The PARK Afterschool Program **Registration Forms** must be completed and returned BEFORE your child is permitted to enroll in the program.
2. The **Enrollment Form** must be completed and returned with FULL PAYMENT before your child may enroll in the program. Please make check payable to the "Town of Chatham".
  - The Enrollment Form must be returned on the THURSDAY BEFORE your child is planning to attend the program for weekly enrollment.
  - The Enrollment Form must be returned on the LAST THURSDAY OF THE PRECEEDING MONTH for students enrolling on a monthly basis.
3. **Scholarship Aid** is available provided qualifying guidelines are met prior to enrollment. Please fill out the Chatham Parks and Recreation **Application for Financial Aid** Form. Financial aid will not be granted until all required documents are returned in a timely manner prior to enrollment to see if qualifying guidelines are met.
4. The **Registration Fee** for the PARK Afterschool Program is **\$6 per day**.
5. The **Extended Day Fee**, which provides coverage from 5:30 – 6 P.M. is **\$2 per day** or **\$5 for a full week** of coverage.
6. The **Early Release Day Fee** is an additional **\$2 or \$8 for the day**, and is ONLY available to children who are already registered in the PARK Afterschool Program. **Half Day Fee** is an additional **\$6 or \$12 for the day**.

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_  
(Fall 2016)

Please fill out all enrollment information that applies to your child.

My child is enrolling for the Week of: \_\_\_\_\_

Yes: \_\_\_\_\_

My child is enrolling for the Month of: \_\_\_\_\_

Yes: \_\_\_\_\_

My child will be attending on the following days as checked off below:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

I will need Extended Day Coverage for the following days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Parent Guardian Signature: **X** \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note:** All PARK Afterschool Program payments are non-refundable. If your child is home sick, the Afterschool Program fee is non-refundable.