

**FRANKLIN SQUARE UNION FREE SCHOOL DISTRICT**

**After-school Care and Enrichment Program Registration Form  
September 2018 – June 2019**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ M\_\_F\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
School \_\_\_\_\_ Grade Entering in Sept. 2018 \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's Business Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Mother's Business Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Emergency Information:** The following people have permission to pick my son/daughter up. (Please be sure that emergency contact people reside locally in the event your child must be picked up immediately.)

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone/Cell \_\_\_\_\_

**Health Information:** (allergies, medications taken daily, etc.) \_\_\_\_\_

**Does your child use an epi pen?**  Yes\*  No

\*Please provide the Health Office with an epi pen and/or antihistamine as ordered by child's physician.

**Child's Doctor's Name/Phone:** \_\_\_\_\_

**SCHEDULE OF DAYS YOUR CHILD WILL ATTEND (Minimum 3 days per week)**

Please check all that apply:  Monday  Tuesday  Wednesday  Thursday  Friday

You will be charged monthly.

Payment is due upon receipt of each month's billing statement.

If payment is not received by the fifteenth of the month, student(s) will not be able to attend.

**There are no credits or refunds for any unused days.**

**REGISTRATION FEE FOR NEW ENTRANTS: \$50.00 PER CHILD (NON-REFUNDABLE)**  
**(Must accompany registration form)**

PAY THE SAME PRICE EVERY MONTH!

**FEE SCHEDULE:**

5 days per week: \$300.00 per month  
4 days per week: \$245.00 per month  
3 days per week: \$195.00 per month

Sibling Discounts apply to every child after the first.

**DISCOUNT SCHEDULE:**

5 days per week: 30% discount = \$210.00  
4 days per week: 20% discount = \$196.00  
3 days per week: 10% discount = \$176.00

Return completed registration form to:

**Franklin Square Union Free School District  
Washington Street School, 760 Washington Street, Franklin Square, NY 11010  
Attention: Mrs. Heather Healy, Business Office**

*(Please notify us immediately of any changes to your address, phone #, child's schedule, or place of employment.)*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*The ACE Program will begin on Tuesday, September 4<sup>th</sup> for those registered by August 17<sup>th</sup>.**

**\*The ACE Program will begin on Wednesday, September 12<sup>th</sup> for those registered after August 17<sup>th</sup>.**

**\*\*\*Register by June 30<sup>th</sup> and receive a \$25 discount per child off September's bill.\*\*\***

**\*\*\*Register by July 31<sup>st</sup> and receive a \$15 discount per child off September's bill.\*\*\***