

The Calais School
45 Highland Avenue, Whippany, NJ 07981
973-884-2030

AFTER-SCHOOL PROGRAM REGISTRATION

Applications must be received a minimum of 5 school days before After-School services begin so that an interview may be scheduled.

Childs Name _____ Grade _____ Age _____ Birthdate _____

School Name/Address (if other than Calais) _____

Home Address _____

Parent(s)/Guardian(s) Home Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

PLEASE CHECK ITEMS THAT APPLY:

I would like to register my student for the following days of the week:

DAYS: Mon-Wed-Thurs (full time) _____ OR Mon _____; Wed _____; Thurs _____

FEES: There is a one-time, non-refundable REGISTRATION FEE of \$25.00 as well as the following fees:

MONTHLY FEE SCHEDULE

1 day per week attending- \$100 per month
2 days per week attending- \$170 per month
3 days per week attending- \$240 per month

Please note that there will also be a fee for LATE PICK-UPS to cover additional staffing codes. This will be assessed at \$1.00 per minute beyond the scheduled pick-up time.

PAYMENT: Payment may be made on a monthly basis in cash or check (made out to The Calais School).
Parent/Guardian Agreement: I understand that my child and I are responsible for complying with all procedures as prescribed by the Calais After-School Program. I understand and agree to all fees and payment deadlines and will contact The Calais School After-School Coordinator if there are any difficulties. My child's enrollment may be terminated if there is failure to pay and/or make arrangements for payment. Payment may be delivered in person at the time of drop-off or pick-up or may be mailed to:

The Calais School, After School Program Coordinator
45 Highland Avenue, Whippany, NJ 07981

ADDITIONAL INFORMATION WILL FOLLOW

Parent/Guardian

Printed Name

Signature

Date