



FAMILY SUPPORT SERVICES
KINDERGARTEN ENRICHMENT EXTENDED DAY, BEFORE & AFTER SCHOOL PROGRAMS
HAVERFORD SCHOOL DISTRICT ---- CONTRACT AND FEE AGREEMENT
2019-2020 SCHOOL YEAR

Registration fee: if you register by May 31, 2019 = \$50.00 per family If you register ON OR AFTER June 1, 2019 - \$75.00 per family

A NON-REFUNDABLE registration fee is due with this registration form.
REGISTRATION FORMS WILL NOT BE PROCESSED WITHOUT SIGNATURE AND PAYMENT.
 Confirmation of Registration will be emailed to address listed below.

PLEASE COMPLETE A FORM FOR EACH CHILD - PLEASE PRINT LEGIBLY AND KEEP A COPY FOR YOUR RECORDS

Child's Name:

 Last First

 Grade 19-20

Program Site:

CHATHAM PARK CHESTNUTWOLD COOPERTOWN MANOA LYNNEWOOD

Primary Parent:

 Last First

Primary Phone: _____ Secondary Phone: _____
 Cell Work Home Cell Work Home

Primary Mailing Address (Street & Apt #) _____ City _____ State _____ Zip _____

Primary Email Address

Second Parent:

 Last First

Primary Phone: _____ Secondary Phone: _____
 Cell Work Home Cell Work Home

Email Address: _____ Check this box if second email address should also receive email communications (including billing):

BEFORE SCHOOL CARE

7:30am - 8:30am

	M	T	W	Th	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days/Week					
Annual Fee	\$ 1,412				
9 Mo. Pymts	\$ 157				
<input type="checkbox"/> 5 Days					
<input type="checkbox"/> 4 Days					
<input type="checkbox"/> 3 Days					
<input type="checkbox"/> 2 Days					

AFTER SCHOOL CARE - CHOOSE ONLY ONE TIME SLOT

3:30pm - 5:00pm

3:30pm - 5:30pm

3:30pm - 6:00pm

	M	T	W	Th	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days/Week					
Annual Fee	\$ 2,123				
9 Mo. Pymts	\$ 236				
<input type="checkbox"/> 5 Days					
<input type="checkbox"/> 4 Days					
<input type="checkbox"/> 3 Days					
<input type="checkbox"/> 2 Days					

	M	T	W	Th	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days/Week					
Annual Fee	\$ 2,825				
9 Mo. Pymts	\$ 314				
<input type="checkbox"/> 5 Days					
<input type="checkbox"/> 4 Days					
<input type="checkbox"/> 3 Days					
<input type="checkbox"/> 2 Days					

	M	T	W	Th	F
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days/Week					
Annual Fee	\$ 3,535				
9 Mo. Pymts	\$ 393				
<input type="checkbox"/> 5 Days					
<input type="checkbox"/> 4 Days					
<input type="checkbox"/> 3 Days					
<input type="checkbox"/> 2 Days					

Primary Parent Signature (signature needed to process registration) **Date**
 Signed registration forms WITH registration fee (check or money order ONLY)
 should be mailed to:

FAMILY SUPPORT SERVICES
1105 Earlington Road, Haverford, PA 19083

No registrations or payments will be accepted at a program site.

Family Support Services is an Equal Opportunity Care Provider (EOCP) and an Equal Opportunity Employer (EOE)

Office Use Only