FHS **After Hours**

Faith Heritage School's After School Program
For grades K-8
3:15-5:30 pm

Monthly Registration Form

For the 2010/11 School Year

Registration for the Month of:

_____ , 20____

Student:_____ Grade _____

Student:_____ Grade _____

Student:_____ Grade _____

Parent (guardian): _____

Address: _____

After Hours Contact Info: Please provide the proper contact information where a parent/guardian can be reached **during the *After Hours* program, 3:15 pm—5:30 pm.**

Contact Name: _____Phone:_____

Alternate Emergency Contact Person: _____

Relationship to Student: _____ Phone: _____

Release Information:
After Hours ends promptly at 5:30 p.m. Please list the person(s) who may pick up your child.

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Please circle which days of the week your child will participate in ***After Hours*** this month:

Monday Tuesday Wednesday Thursday Friday

(**Note:** ***After Hours*** operates only on regular class days. The program will not be open during school vacations, holidays, snow days or other breaks.)

Frequency of use:	**Registration Fee per student**
One day per week	**$75** a month
Two days per week	**$125** a month
Three days per week	**$175** a month
Four days per week	**$225** a month
Five days per week	**$275** a month

Fees will not be prorated or refunded for any missed sessions.

Registration Fee: $_____
(see chart to the left)

X no. of students participating _____

Total Monthly Registration: $_____

Registration is due by the first of the month for which you are registering. Please make your check payable to **Faith Heritage School,** and submit it along with this form to: ***Faith Heritage School, 3740 Midland Ave., Syracuse, NY 13205 ATTN: Laura Radziewski***