

After School Club

60 Forest Park Rd.

Woburn, MA 01801

781-937-7670

fax 781-569-0052

info@theafterschoolclub.org

Co-Directors: Chris Serson & Carolyn Sharp-Hegarty

Vacation Registration

Don't Get Stuck!

Vacation time comes fast and you don't want to get stuck with no child care!

We are offering the care listed below:

Winter vacation - 7:45 am - 5:45 pm,

Call for days or check the website calendar

The week between Christmas and New Year's.

February vacation - Tuesday - Friday, 7:45 am - 5:45 pm

The 3rd week in February. We are closed Presidents day

April vacation - Tuesday - Friday, 7:45 am - 5:45 pm

The 3rd week in April. We are closed Patriots day

Most days will be an in house activity or field trip.

Please check the website or call for more information on activities offered.

- ❖ Please register for each week during the registration periods listed.
- ❖ The tuition charge is **\$67 per day**.
- ❖ **Full Payment is due at the time you turn in the registration form.**
- ❖ We offer 20% discount for the 2nd child. Contact us for other discounts available.
- ❖ Children must bring a no cook lunch every day; snacks are provided.
- ❖ **If your child has not attended ASC or has not attended within the last year, please download and fill out school year forms. They must accompany this form. (additional fee may apply)**
- ❖ **Refunds:** if you notify us of changes before the end of the registration period printed above, we can credit you for what you have paid. No credits or refunds will be given after end of the registration period.

Please fill out the form below completely, and turn it in with your payment.

Please fill in all of the boxes.

After School Club

Vacation Registration form

1. Child's name: _____

School name: _____ Grade: _____

2. Child's name _____

School name: _____ Grade: _____

My child/ren named above will attend the After School Club on the days checked off below.

I give permission for him or her to participate in all of the scheduled activities, including the field trips or in house activities. I understand transportation for field trips will be by school bus.

Please check off the days you would like your child to attend.

December Vacation M _____ T _____ W _____ Th _____ Fri _____

February Vacation T _____ W _____ Th _____ Fri _____

April Vacation T _____ W _____ Th _____ Fri _____

I have read these forms and understand all the information.

Signature _____

Date _____

To be filled in by the office:

Paid: \$35 non- refundable registration fee (if applicable.)

Winter _____	Total days _____	X \$67.00 = \$ _____	Due.	Amount paid _____
February _____	Total days _____	X \$67.00 = \$ _____	Due.	Amount paid _____
April _____	Total days _____	X \$67.00 = \$ _____	Due.	Amount paid _____

Date _____	Check # _____	Cash _____	Other _____	MO _____	Vanco _____
Date _____	Check # _____	Cash _____	Other _____	MO _____	Vanco _____
Date _____	Check # _____	Cash _____	Other _____	MO _____	Vanco _____

Original to Chris, copies to treasurer, to bills, and to parent.

Rev. 4/21/2017

E ___ C ___ P ___ A ___ PU ___ DB ___ BD ___