

**Haddon Heights
Kindergarten After-Care Program
2017-2018 School Year**

Please enroll my child in the Haddon Heights Kindergarten After-Care Program. Enclosed is my non-refundable deposit of \$100 to be applied towards the total tuition amount. This is a yearly fee divided into two payments. No reimbursements are given for days absent or days school may be closed due to inclement weather. A payment of half will be due on August 1, 2017, and the second half will be due on February 1, 2018 (see chart below). Checks should be made payable to the Haddon Heights Board of Education.

The enrollment form and deposit should be sent directly to:
Haddon Heights Board of Education
Attn: Laurie Crea
316-A Seventh Ave
Haddon Heights, NJ 08035

<u>How many days attending</u>	<u>Deposit Amount</u>	<u>First Pmt Due Date</u>	<u>Final Pmt Due Date</u>
1 day/week = \$406/ year	Deposit = \$100	August 1st= \$103	February 1 st = \$203
2 days/week = \$812/year	Deposit = \$100	August 1st= \$306	February 1 st = \$406
3 days/week = \$1,218/year	Deposit = \$100	August 1st= \$509	February 1 st = \$609
4 days/week = \$1,624/year	Deposit = \$100	August 1st= \$712	February 1 st = \$812
5 days/week = \$2,030/year	Deposit = \$100	August 1st= \$915	February 1 st = \$1,015

Child's Name _____ School _____

I wish to enroll my child (please circle): 1 2 3 4 5 days a week. If not 5 days a week, what days will your child be attending? (please circle): M T W Th F

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Parent/Guardian Cell Phone _____ Parent/Guardian Cell Phone _____

E-mail Address _____

Does your child have any life threatening food allergies? _____

In case of an emergency, please list two additional contacts with phone numbers:

1) _____

2) _____

My child will be dismissed to: _____ or _____

Parents Signature _____

For office use only:

Dep. _____ on _____ 8/1 \$ _____ on _____ 2/1 \$ _____ on _____