

Dear Parents/Guardians,

If you are interested in having your child enroll in the [Somerset Primary After School Program](#) please return the application form.

After School Program hours: 3:00p.m. – 6:00 p.m.

Weekly Fees: \$ 35.00 (Due on Mondays)

A surcharge of \$5.00 will be added to fees after Wednesdays

3 or more days is a full week. \$1 a minute due after 6:00 PM

Late payments will incur a surcharge of \$5.00 after your child attends any 2 days and payment is given after day two.

Sibling rate: \$ 25.00 a week per child (Due on Mondays)

1 day – \$10

2 days - \$20

3 or more days - \$35

3 weeks - \$105

4 weeks - \$ 140

5 weeks - \$175

For more information contact Charlotte Sherlock 336-2532 or (after 3:30pm) Yolanda Richards 705-4691

APPLICATION FORM

Child's Name: _____ Birth date: _____ Age: _____

Address: _____

Phone: _____ Grade: _____ Gender: M / F

Mother's Name: _____

Address: _____

Home phone #: _____ cell phone #: _____

Employer: _____ Work phone #: _____

Father's Name: _____

Address: _____

Home phone #: _____ cell phone #: _____

Employer: _____ Work phone #: _____

Emergency Contact (other than parent): _____

Relationship to Child: _____ **Day Phone:** _____

Additional Persons Authorized to Pick Up Child:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

List anyone who should NOT pick up your child: _____

Permissions (please initial each item)

_____ I hereby give permission for my child to participate in the SPS After School Care Program.

_____ I hereby give permission for my child to participate in the indoor and outdoor activities of the Program, including those held in local parks and playgrounds, and while on field trips.

_____ I hereby give permission for my child to participate in supervised swimming activities.

Parent/Legal Guardian's Signature: _____

Date: _____