

## Husky Den Registration Contract

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Parent(s) (responsible for billing) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Second parent(s) (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Please list any allergies we should be aware of for snack purposes:

\_\_\_\_\_

**Fees:** \$3 per hour per child with a **\$15 registration fee per family at school registration.** Billing is bimonthly and a spreadsheet for taxes is available by January 31<sup>st</sup>.

*All checks are made payable to: **New Holstein School District***

**Husky Den After-school Enrichment Program Hours:**

M T W Th F – 5:45-7:30 AM -- M T Th F--3:00-6:00 PM

Wednesdays--2:00-6:00 PM

**Program Start Date:** \_\_\_\_\_

**Please indicate the days and actual hours needed for scheduling purposes:**

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Parent Signature: \_\_\_\_\_

For office use only: Received Date \_\_\_\_\_ Confirmation Date \_\_\_\_\_ Amount Received \_\_\_\_\_