

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 registration. Billing is bimonthly and a spreadsheet for taxes is available by January 31st.

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

Husky Den After-school Enrichment Program Hours:

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

Wednesdays--2:00-6:00PM

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 _____