



Medfield Afterschool Program, Inc.

P.O. Box 18, Medfield, MA 02052

508-359-0003

Email: gayeshannon@verizon.net

www.medfieldafterschoolprogram.com

2011 – 2012 REGISTRATION FORM FOR **GRADES 1-8**

Child's name _____

Parent/Guardian Names _____

Phone (home) _____ (work) _____

Address _____

Email address _____

Grade in 11-12 _____

Days requested: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Drop-in Program _____ (grades 6-8 only)

Start date _____

Priority is given to those currently enrolled in program. Minimum enrollment of eight children per session must be met in order for programs to operate.

Please return this form **by mail** with a \$50 registration fee (\$30 for each additional child) to MAP and mail to: The Medfield Afterschool Program, P.O. Box 18, Medfield, MA 02052

For Office Use Only

Registration Fee received: _____
Amount check # date

Deposit received: _____
Amount check # date