



Medfield Afterschool Program, Inc.  
 P.O. Box 18 Medfield, MA 02052 (508) 359-0003  
[www.medfieldafterschoolprogram.com](http://www.medfieldafterschoolprogram.com)  
 email: [gayeshannon.map@verizon.net](mailto:gayeshannon.map@verizon.net)

**2011-2012 MAP Registration for Kindergartners** 160 North Street – On Site at the Memorial School

Child's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Start date: \_\_\_\_\_ (please note: Priority is given to those registering between April 27-May 13, 2011 and a minimum of eight children per session must be met in order for programs to operate.)

*If your child receives **MORNING KINDERGARTEN** and you wish for your child to attend afternoon MAP at the North Street/Memorial School Site, please check days requested and pick up time.*

<b>Monday:</b>	Attend until:	2:45 PM _____	4:15 PM _____	6 PM _____
<b>Tuesday:</b>	Attend until:	2:45 PM _____	4:15 PM _____	6 PM _____
<b>Wednesday:</b>	Attend until:	2:45 PM _____	4:15 PM _____	6 PM _____
<b>Thursday:</b>	Attend until:	2:45 PM _____	4:15 PM _____	6 PM _____
<b>Friday:</b>	Attend until:	2:45 PM _____	4:15 PM _____	6 PM _____

*If your child receives **AFTERNOON KINDERGARTEN or FULL DAY K** and you wish for your child to attend MAP at the North Street/Memorial School Site, please check days requested and pick up time.*

<b>Monday:</b>	Attend morning only _____	morning & return until 4:15 PM _____
	morning & return until 6:00 PM _____	<b>full day K</b> or pm dismissal until 6 PM _____
<b>Tuesday:</b>	Attend in the morning only _____	morning and return until 4:15 PM _____
	morning and return until 6:00 PM _____	<b>full day K</b> or pm dismissal until 6 p.m. _____
<b>Wednesday:</b>	Attend morning only _____	morning & return until 4:15 PM _____
	morning & return until 6:00 PM _____	<b>full day K</b> or pm dismissal until 6 PM _____
<b>Thursday:</b>	Attend morning only _____	morning & return until 4:15 PM _____
	morning & return until 6:00 PM _____	<b>full day K</b> or pm dismissal until 6 PM _____
<b>Friday:</b>	Attend morning only _____	morning & return until 4:15 PM _____
	morning & return until 6:00 PM _____	<b>full day K</b> or pm dismissal until 6 PM _____

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

**For Office Use Only** Registration Fee received: \_\_\_\_\_  
 Deposit received: \_\_\_\_\_  
 Amount check # date